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COVER LETTER

TO: Amendment Section Division of Corporations GERARD A. PERRE JR., DDS, P.A. SUBJECT: DOCUMENT NUMBER: P01000075684 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GERARD A. PERRET, JR (Name of Contact Person) GERARD A PERRET, JR. DDS.P.A. (Firm/Company) 15283 AMBERLY DRIVE (Address) TAMPA FL. 33647 (City/State and Zip Code) For further information concerning this matter, please call: GERARD A. PERRET, JR. (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status & Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional copy is enclosed) enclosed)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: GERARD A. PERRET, JR, DDS,P.A.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: DECMBER 30,2019	áll
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
5	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that tiduciary)	
	GERARD A PERRET, JR.	
	(Typed or printed name of person signing) PRESIDENT & DIRECTOR	
	(Title of person signing)	

Filing Fee: \$35