

PD20000015363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200196690252

03/07/11--01042--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 7 PM 12:51

And Dis
@ 3/9/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thomas L. Hills, DMD, PA

DOCUMENT NUMBER: P02000015363

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas L. Hills

(Name of Contact Person)

Thomas L. Hills, DMD, PA

(Firm/Company)

931 Mar Walt Drive

(Address)

Fort Walton Beach, Florida 32547

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas L. Hills

(Name of Contact Person)

at (850) 865-3380

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

