

PO3000108648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

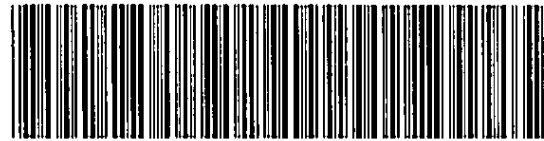
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327216882

04/05/19--01017--027 **25.00

05/15/19--01003--010 **10.00

FILED
19 MAY - 7 PM 12:20
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

O SIMMONS
MAY 16 2019

Florida Department of State,

The included \$10 check was
inadvertently left out of the envelope
when the Notice of Corporate Dissolution
was mailed regarding Dental Medical
Solutions, Inc, document # P03000108648.
Please include this check with the
previously provided paperwork.

Sincerely,

W DeLozier

Whitney DeLozier
405 19th Ave NE

01/10/2010 10:00 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

WHITNEY LAPOLLA DELOZIER
405 19TH AVE NE
ST PETERSBURG, FL 33704

SUBJECT: DENTAL & MEDICAL SOLUTIONS INC.
Ref. Number: P03000108648

We have received your document for DENTAL & MEDICAL SOLUTIONS INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 519A00007660

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental & Medical Solutions INC.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Whitney LaPolla DeLozier
(Name of Person)

(Firm/Company)

405 19th Ave NE
(Address)

St Petersburg, FL 33704
(City/State and Zip Code)

For further information concerning this matter, please call:

Whitney DeLozier at 813 784-9868
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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:

Dental + Medical Solutions, Inc

SECOND: The document number of the corporation (if known): P03000108648

THIRD: The date dissolution was authorized: 4/3/2019

Effective date of dissolution if applicable: 4/3/2019
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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 fiduciary)

Whitney DeLozier

(Typed or printed name of person signing)

Registered agent

(Title of person signing)

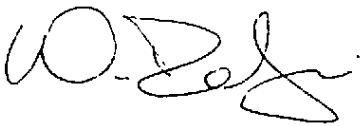
FILED
19 MAY -7 PM 12:20
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

I was alerted April 2, 2019 by the Fort Lauderdale Florida police department regarding the theft and criminal use of my personal information. An ongoing investigation is underway regarding this case of identity theft. A criminal person allegedly used my information to open a business titled Dental & Medical Solutions Inc (Document #P03000108648) on March 27, 2019. It is my intent to dissolve this business entity which was registered in my maiden name (Whitney LaPolla) without my knowledge. Paperwork is attached to this end. Please contact Detective Kimberly Shushman of the economic crimes unit of the Fort Lauderdale police department for more information regarding this case # 341904055141, phone# 954-828-4900. Please do not hesitate to contact me if additional information is required to complete this request.

Sincerely,



Whitney LaPolla DeLozier
405 19th Ave NE
St Petersburg, FL 33704

The foregoing instrument was acknowledged before
me this 3 day of April, 2019,
by Whitney DeLozier, who
has produced FL DL as identification.

Natalie Sova
Natalie Sova

