# P04000015974

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	<b>∌</b> #)
	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution	······································
DOCUMENT NUMBER: P04000015	5974
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
William E. Goodman	
(Name of C	Contact Person)
Ford & Goodman, P.C.	
(Firm	n/Company)
1221 West Campbell Road. Suit	e 291
(Ac	idress)
Richardson, TX 75080	
	e and Zip Code)
For further information concerning this mat	ter, please call:
William E. Goodman	at ( 972 ) 644-0054
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:
▼\$35 Filing Fee \$\bigcip\$\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\Bigsquare\text{\$\sumsquare}\$\$52.50 Filing Fee,  Certified Copy (Additional copy is enclosed)  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

# Ford & Goodman 1221 West Campbell Rd. ~ Ste. 291 Richardson, TX 75080

December 7, 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: USADENT

To Whom It May Concern:

This letter is to Dissolve USADENT. Attached are the following documents:

- 1. Cover Letter
- 2. Application to Dissolve
- 3. Articles of Dissolution
- 4. Notice of Corporate Dissolution

Should you have any questions, feel free to contact me at (972) 644-0054.

Sincerely,

Ali Fisk

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SECRETARY OF STATE
TALLAHASSEE: FLOREDA



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2007

William E. Goodman Ford & Goodman, P.C. 1221 West Campbell Road, Ssuite 291 Richardson, TX 75080

SUBJECT: USADENT, INC. Ref. Number: P04000015974

We have received your document for USADENT, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 907A00069531

# 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		
	USADENT, INC.		
SECOND:	The document number of the corporation (if known): P04000015974		
THIRD:	The date dissolution was authorized: 10-23-07		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		
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)  LAHASSEE, FLED  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduoiary, by that fiduciary)		
	William E. Goodman		
	(Typed or printed name of person signing)		
	CPA		
	(Title of person signing)		

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing