

P04000114611

(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

6663-



600306896776

02/09/18--01021--003 **10.00

12/26/17--01012--029 **25.00

2018 FEB - 8 PM 3:08

C. GOLDEN

FEB - 8 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Pointe Dental Group

DOCUMENT NUMBER: P 04000114611

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

Please return all correspondence concerning this matter to the following:

Brigid Barker

(Name of Contact Person)

Bay Pointe Dental Group

(Firm/Company)

7740 Point Meadows Dr. N. #4

(Address)

Jacksonville, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Brigid Barker

(Name of Contact Person)

at (904) 608-2509

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|---|
- ☒ \$10 due
towards filing fee

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2017

BRIGID BARKER
7740 POINT MEADOWS DRIVE N #4
JACKSONVILLE, FL 32256

SUBJECT: BAY POINTE DENTAL GROUP, P.A.
Ref. Number: P04000114611

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 817A00026153

RECEIVED
17 FEB -5 AM 10:43
REG
DIVISION
FAC

ARTICLES OF DISSOLUTION

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

FILED
FEB - 8
F... 3:08

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Bay Pointe Dental Group, P.A.

SECOND: The document number of the corporation (if known): P 04000114611

THIRD: The date dissolution was authorized: 12/26/17

Effective date of dissolution if applicable: _____

(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

OWNER

(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)

Wayne S. Barker

(Typed or printed name of person signing)

Director

(Title of person signing)