

P06000154026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

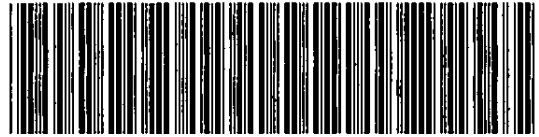
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900139160459

01/07/09--01050--003 \*\*35.00

FILED  
08 DEC 31 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Volun.  
Diss.  
1/7/08  
De

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** This is Articles of Dissolution for KORENBLIT DENTAL SERVICES, INC.

**DOCUMENT NUMBER:** Document Number P06000154026

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

Please return all correspondence concerning this matter to the following:

Lyubov Zeldis, Esq.

(Name of Contact Person)

Connolly Zeldis, P.A.

(Firm/Company)

915 Middle River Drive, Suite 600

(Address)

Ft. Lauderdale, FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Lyubov Zeldis

(Name of Contact Person)

at ( 954 ) 568-6646

(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

