

04/22/2009 10:00 5:00

Division of Corporations

001/003

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PO7000054458

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : 120070000037  
Phone : (954) 752-1553  
Fax Number : (954) 752-4522

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09 APR 22 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2009 APR 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL**

**IDEAL DENTAL STAFFING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** P07000054458

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

Please return all correspondence concerning this matter to the following:

Paulo Oliveira, E.A.

(Name of Contact Person)

EAGLE TAX REPRESENTATION, CORP

(Firm/Company)

4641 N STATE ROAD 7 - STE 18

(Address)

COCONUT CREEK, FL - 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Paulo Oliveira, E.A.

(Name of Contact Person)

at ( 954 ) 752-4553

(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

FILED

09 APR 22 PM 3:15

ARTICLES OF DISSOLUTION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

IDEAL DENTAL STAFFING, INC.

SECOND: The document number of the corporation (if known): P07000054458

THIRD: The date dissolution was authorized: 12/31/2008

Effective date of dissolution if applicable: 03/15/2008

(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)

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)

ANNA CAROLINE LENZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35