

PO7000074623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

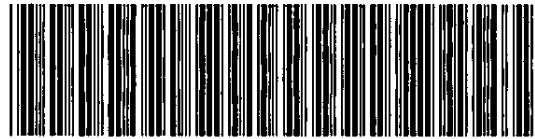
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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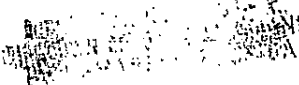
03/17/14--01038--008 **43.75

FILED
14 APR 28 PM 4:55

Vad's.
5/6/14
DC

RECEIVED

14 APR 28 AM 8:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2014

LUZ M. ACERO
SMILE SERVICES INC
6786 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

SUBJECT: SMILE SERVICES INC
Ref. Number: P07000074623

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 114A00006046

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P07000074623

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

Please return all correspondence concerning this matter to the following:

LUZ M ACERO

(Name of Contact Person)

SMILE SERVICE INC

(Firm/Company)

6786 WEST SAMPLE ROAD

(Address)

CORAL SPRINGS, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

LUZ M ACERO

(Name of Contact Person)

at (**954**) **235-1861**

(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

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:

SMILE SERVICES INC

SECOND: The document number of the corporation (if known): **P07000074623**

THIRD: The date dissolution was authorized: **1/1/2014**

Effective date of dissolution if applicable: **1/1/2014**
(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

LUZ M ACERO

(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)

LUZ M ACERO

(Typed or printed name of person signing)

VP

(Title of person signing)

Filing Fee: \$35

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