

FILED
Feb 01, 2024
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
ESTERO DENTAL CARE INC.

SECOND: The document number of the corporation: P08000044161

THIRD: The file date of the articles of incorporation: May 1, 2008

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARIO BARAJAS OFFICE MANAGER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

ESTERO DENTAL CARE INC.

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:

DR DIANA BARAJAS SOLD THE BUSINESS ON 09/30/2022. THE NEW OWNER OPENED A NEW CORPORATION FOR THE BUSINESS. DR BARAJAS WOULD LIKE TO CLOSE ESTERO DENTAL CARE, INC. SINCE IS NOT HER BUSINESS ANYMORE.

Mailing address where claims can be sent:

43989 BOARDWALK LOOP.
2031
PUNTA GORDA, FL 33982

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARIO BARAJAS

Electronic Signature of the Person Filing