

908000087745

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6180

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850) 521-1000

Fax Number : (850) 558-1515

RESUBMIT

Please give original
submission date as file date.

8-11

DISSOLUTION OR WITHDRAWAL

MARIA T. LUONG, D.M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED
11 AUG 10 AM 9:55
TALLAHASSEE, FLORIDA

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8/15/11

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:

MARIA T. LUONG, D.M.D., P.A.

SECOND: The document number of the corporation (if known): P08000087745

THIRD: The date dissolution was authorized: June 14, 2011

Effective date of dissolution if applicable:

(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 of 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

One

(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)

MARIA LUONG

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MARIA T. LUONG, D.M.D., P.A.

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:

Invoices for services provided
Dates of same

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

972 Del Mar Drive
The Villages, FL 32159

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.

MARIA LUONG

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if Included with Articles of Dissolution. If filed separately \$35.00