

P09000063638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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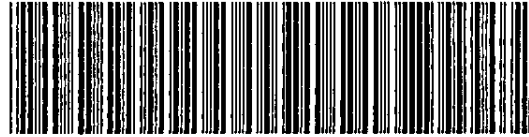
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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dis w/NOT
C.COULLETTE

FEB 10 2011

EXAMINER

CAPLAN LAW FIRM, P.A.

6260 Dupont Station Court, Suite C
Jacksonville, Florida 32217

(904) 256-3333 Telephone

(904) 256-0051 Facsimile

E-mail: howard@caplawfirm.com

www.caplawfirm.com

February 8, 2011

Division of Corporations
Secretary of State
State Of Florida
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Articles of Dissolution of Sandra Fouladi, D.D.S., Inc. and check for the appropriate fee.

Sincerely,



Howard A. Caplan

HAC/mt
enclosures

ARTICLES OF DISSOLUTION

OF

SANDRA FOULADI, D.D.S., INC.

Sandra Fouladi, D.D.S., Inc., a Florida corporation, executes the following Articles of Dissolution pursuant to section 607.1403 of the Florida Business Corporation Act:

- FIRST:** The name of the Corporation is Sandra Fouladi, D.D.S., Inc. The Articles of Incorporation were filed on July 27, 2009.
- SECOND:** The document number of the Corporation is P0900006 ³⁶³⁸
- THIRD:** The shareholder of the Corporation approved the dissolution of the Corporation on December 21, 2010.
- FOURTH:** The number of votes cast for dissolution was sufficient to approve of dissolution.
- FIFTH:** There are no suits pending against the Corporation in any court.

EXECUTED: December 21, 2010

SANDRA FOULADI, D.D.S., P.A.

By: Sandra Fouladi
Sandra Fouladi, President

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DIVISION OF CORPORATIONS
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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 provide in s. 607.1407, F. S.

Name of Corporation: Sandra Fouladi, D.D.S., P.A.

Date of dissolution will be the date 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:

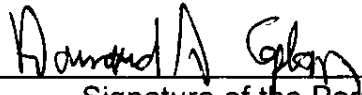
Name, address, account number, nature of claim, whether secured or unsecured, amount of claim in U. S. dollars, date of claim, whether claim has been assigned to third party collection entity, and name and contact information of authorized representative.

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

Caplan Law Firm, P. A.
6260 Dupont Station Court
Suite C
Jacksonville, FL 32217

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.

Howard A. Caplan
Printed Name of the Person Filing


Signature of the Person Filing