P09000063848

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
/		
Certified Copies	_ Certificates	of Status
		-
	E. C. C.	
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

Diss. W/Notice

APR 2 4 2012 T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: EASY-DENT ENTERPRISES, INC. DOCUMENT NUMBER: P09000063848 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GEORGE GONZALEZ (Name of Contact Person) ACCUSOURCE CORP (Firm/Company) 12912 SW 133RD CT. STE A (Address) MIAMI, FL 33186 (City/State and Zip Code) For further information concerning this matter, please call: at (305 **GEORGE GONZALEZ** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:				
	EASY-DENT ENTERPRISES, INC.				
SECOND:	The document number of the corporation (if known): P09000063848				
THIRD:	The date dissolution was authorized: 04/12/2012				
	Effective date of dissolution <u>if applicable:</u> 04/12/2012 (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)				
	(voting group)				
	OF STATE OF THE A				
	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)				
	MIGUEL R. MAAL				
	(Typed or printed name of person signing)				
	TREASURER				
	(Title of person signing)				

Filing Fee: \$35

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 Corpo	oration: EASY-DENT ENTERPRISES, INC	• • • • • • • • • • • • • • • • • • •
	ation will be the date the dissolution is filed with the Department of Dissolution.	artment of State or as
Description of	information that must be included in a claim:	
NAME OF	CLAIMANT. DESCRIPTION OF CLAIM.	DESCRIPTION OF ITEMS
SOLD OR	SERVICES RENDERED. AMOUNT OF	CLAIM. CONTACT PERSON.
CONTACT	TELEPHONE NUMBER.	
Mailing address	s where claims can be sent: (Claims cannot be sent to the	Division of Corporations)
	12912 SW 133RD CT. STE A.	
	MIAMI, FL 33186	

	t the above named corporation will be barred unless a proafter the filing of this notice.	oceeding to enforce the claim is commenced
		٨
MIGUEL R	. MAAL	1-11-1
	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