(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:	
	10
	DEC 1

Office Use Only



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6 2013 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

13

SUBJECT: Southern Cross Dental Laboratories USA Inc		
DOCUMENT NUMBER:	0071066	
The enclosed Articles of Dissolution and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
James Squirrell		
(Name of	Contact Person)	
Pavona Pty Ltd		
(Firm	n/Company)	
19 Bay Street, Double E	Bay	
(Ad	ddress)	
NSW 2028, AUSTRALIA	Ą	
(City/Sta	te and Zip Code)	
For further information concerning this matter, please call:		
Susan Powers	_{at (} 727_ ₎ 544 5020	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	nt:	
	□ \$43.75 Filing Fee & □ \$52.50 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:		
	Southern Cross Dental Laboratories USA Inc		
SECOND:			
THIRD:	The date dissolution was authorized: 22 November 2013		
	Effective date of dissolution if applicable: 22 November 2013 (no more than 90 days after dissolution file date)		
FOURTH:			
	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		
	ASS 3		
	(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)		
	David Penn		
	(Typed or printed name of person signing)		
	Director		
	(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 Corporation: Southern Cross Dental Laboratories USA 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:

- Claimants name, address and contact information
- Amount of the claim and date on which such claim is asserted
- Copies of any invoices or any other documents supporting the claim
- A statement as to whether any other amounts are or will be due and owing

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

Pavona Pty Ltd

19 Bay Street, Double Bay

NSW 2028, AUSTRALIA

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.

JAMES SQUIRRELL

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