## P100000360045

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Store TARY OF STATES ON VISION OF CORPORATION

EFFECTIVE DATE
April 1,2012

1 15/12 10 3/15/12

## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** SUBJECT: P10000036045 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ron Winston
(Name of Contact Person)

2 & W Dental Staffing and Consulting, THG
(Firm/Company) 5908 Sieno lone
(Address) Hollywood, FZ 33021
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (454) 907-6300 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (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

## April 120121

## 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:		
	L& W Dental STO Hing and Consulting, From The document number of the corporation (if known): P100000 36045		
SECOND:	The document number of the corporation (if known): P10000 36045		
THIRD:	The date dissolution was authorized: 3-10-7017		
	Effective date of dissolution if applicable: 4-1-2012 (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)  Z HAR I LAND OF STATE O		
S	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)		
	Ron Winston (Typed or printed name of person signing)		
	Vice - Vresident (Title of person signing)		

Filing Fee: \$35