## P10000081430

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0 DESAR MEANT OF STATE
0 VISION OF CORPORATION
TALLEAMASSEE, FLORIO

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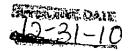
SECRETARY OF STAT

12/28/10

## **COVER LETTER**

Division of Corporations
SUBJECT: Dissolution - Thoridians for a Brighten Transver
DOCUMENT NUMBER: <u>P100000 81430</u> Transman
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jack U Oove (Name of Contact Person)
Florida Dental Association (Firm/Company)
1111 E. Tennessee Street
(Address)
Tallahas See F 32308 (City/State and Zip Code)
For further information concerning this matter, please call:
Tack Moore at (808) 877.9922  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigcup \\$35.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



## ARTICLES OF DISSOLUTION

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Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following a figure 100 of the figu of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution 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) 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) (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

FOURTH: Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

Signature \( \sigma \)

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

(Typed or printed name of the person signing)

(Title of person signing

FILING FEE: \$35