

P110000030808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

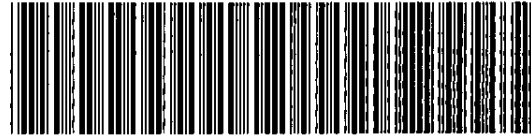
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 21 PM 3:03

Am4 Diss  
@ 11/21/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution Supreme Dental Assoc.

**DOCUMENT NUMBER:** P11000030808

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Schneider.

(Name of Contact Person)

Supreme Dental Associates

(Firm/Company)

17395 N Bay Rd. 2nd Fl.

(Address)

Sunny Isles Beach FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Schneider.

(Name of Contact Person)

at (718) 376-4111

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2011

PAUL SCHNEIDER            2ND MAILING  
SUPREME DENTAL ASSOCIATES, INC.  
231 174th ST., APT. 919  
SUNNY ISLES BEACH, FL 33160

SUBJECT: SUPREME DENTAL ASSOCIATES, INC.  
Ref. Number: P11000030808

We have received your document for SUPREME DENTAL ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 011A00022724



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2011

PAUL SCHNEIDER  
SUPREME DENTAL ASSOCIATES, INC.  
17395 N. BAY RD - 2ND FLOOR  
SUNNY ISLES BEACH, FL 33160

SUBJECT: SUPREME DENTAL ASSOCIATES, INC.  
Ref. Number: P11000030808

We have received your document for SUPREME DENTAL ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton  
Regulatory Specialist II

Letter Number: 011A00022724

RECEIVED

11 NOV -4 AM 10:48

TALLAHASSEE, FLORIDA

## 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:

Supreme Dental Associates, INC

SECOND: The document number of the corporation (if known): P11000030808

THIRD: The date dissolution was authorized: September 20, 2011.

Effective date of dissolution if applicable: \_\_\_\_\_  
(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

— NON —  
(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)

Paul Schneider - PAUL SCHNEIDER  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 21 PM 3:03