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(Requ	uestor's Name)	
(Addı	ess)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLVIIGN OF Jennifer R Waters DMD P.
DOCUMENT NUMBER: P1400056073
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Waters
(Name of Contact Person)
Jennifer R Waters DMD PA
(Firm/Company)
996 Satin Leaf Circle
(Address)
Ocoee, FL 34761
(City/State and Zip Code)
For further information concerning this matter, please call:
Jennifer Waters at 941 773-3380
(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 & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following

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: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. 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)

(Title of person signing)

(Typed or printed name of person signing)

Filing Fee: \$35