## P18000061648

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(	,	
	(0) . 77. (0)	- ID
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
•	•	,
	cument Number)	
(60	cament Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
·		

Office Use Only



000318659420

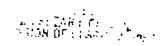
09/26/18--01015--010 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314



2011 SEP 26 PH 15 96

SUBJECT: Dissolution of Confunction
DOCUMENT NUMBER: EIN # 83-1195-730
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANNA MASEV
(Name of Contact Person)  Dentist of Hollows (Firm/Company)
(Firm/Company)  (Address)  (Address)  (Address)
Hollywood Flor-Ila 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at ( 954-214-045 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee. Certified Copy (Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

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:	
	Dentist of Hollywood	
SECOND:		
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution <u>if applicable:</u>	
	(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:	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	
	President of Corporting	
	(Compagnos)	
	Signature: Presideat	
	(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)	
	Tesilent (Title of person signing)	