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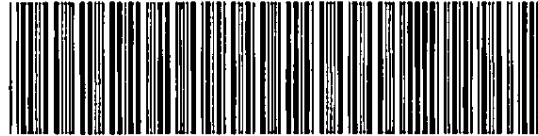
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TO: Amendment Section
Division of Corporations

SUBJECT: MOLINA DENTAL & ASSOCIATES, P.A.

DOCUMENT NUMBER: P 19000014077

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

Please return all correspondence concerning this matter to the following:

YUDISBEL MOLINA ARIZA
(Name of Contact Person)

MOLINA DENTAL & ASSOCIATES, P.A.
(Firm/Company)

14941 S.W. 8th TERRACE
(Address)

MIAMI, FLORIDA 33194
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (305) 302-7539
(Name of Contact Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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