## P97000077443

(Re	equestor's Name)	· · ·			
(Ac	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
	Ą	\$35.00FF			

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	Department of State
	Division of Corpsichions
	Cognite Flings
<u> </u>	7 & Box 6327
	Tallshossee fi 32314
**.	
	To whom it may concern
	I am writing to let you
	Know that I NO longer will continue practicing
	dentistly due to a medical condition (Neuropathy)
	Thy business pame
	Francix Family Dentistry Gentre PA
· \	Dc+ P97000077443
	FET 65-0781270
<del></del>	Address 310 SW 109 GVe
	Mian; F= 33174
	Please send a confirmation letter to the above reguest.
	Phase remove me from AcTIVE status to inactive
	(permanently) I don't know because of my medical condition that is present that all my fingers orc
	numb
	Proportionally
	Franky Arenou
	9260 SW 42 Teg
	Milmi H 33165 Dr Francis Arrow

the Colonia Nai



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2016

FRANLIX FAMILY DENTAL CENTRE, P.A. 9260 SW 42 TERRACE MIAMI, FL 33165

SUBJECT: FRANLIX FAMILY DENTAL CENTRE, P.A.

Ref. Number: P97000077443

We have received your document for FRANLIX FAMILY DENTAL CENTRE, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

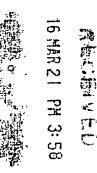
The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 116A00004868



## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION of a Corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Franlix Arena L (Name of Contact Person)
Fron lix Fam/14 Den to L Centre PA (Firm/Company)
(c, c cp.m.)
310 SW 109 ave (Address)
M.omi Florida 33174 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Tranix Arenat at (305 381 1193  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status & 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

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:						
	Francis Family Jeston Centre, PA.		<del></del>	_			
SECOND:	The document number of the corporation (if known):  The date dissolution was authorized:						
THIRD:	The date dissolution was authorized:			_			
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requinot be listed as the document's effective date on the Department of State's records.	tion file date irements, th	) is date	– will			
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		16 MAR 21				
	(voting group)	(# 20 A D A D A D A D A D A D A D A D A D A	AM 9: 23	10000000000000000000000000000000000000			
	Signature:  (By a pirocur, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)			_			
	Tranlix ArenaL 3/16/16  (Typed or printed name of person signing)			_			
	Owner & dentist  (Title of person signing)			_			