

P97000077443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 21 AM 9:23
FILING OFFICE
CLERK OF SUPERIOR COURT
STATE OF NEW YORK
JULIA M. GREGG, CLERK

MAR 24 2016

D CONNELL

3/1/16

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
16 MAR - 8 PM 3:14

To whom it may concern:

I am writing to let you know that I NO longer will continue practicing dentistry due to a medical condition (Neuropathy).

My business name

Frailix Family Dentistry Centre PA

Doc # P97000077443

FET 65-0781270

Address 310 SW 109 Ave

Miami FL 33174

Please send a confirmation letter to the above request.

Please remove me from Active status to inactive (permanently) I don't know because of my medical condition that is present that all my fingers are numb.

Respectfully

Frailix Arnol

9260 SW 42 Ter

Miami, FL 33165

Dr. Frailix Arnol



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

RECEIVED
16 MAR 21 PM 3:58

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:

Fránlix Arenal
(Name of Contact Person)

Fránlix Family Dental Centre PA
(Firm/Company)

310 SW 109 Ave
(Address)

Miami Florida 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Fránlix Arenal at (786 290 6835)
(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
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:

Franklin Family Denton Centre, PA

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

THIRD: The date dissolution was authorized: 07-07-13

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: 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

(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)

Fraolix Arenal

(Typed or printed name of person signing)

3/16/16

owner & dentist

(Title of person signing)