

P9800000/093

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T. Lewis*

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SECRETARY OF STATE
HALLMARKS, H. URBAN

03/13/06--01001--001 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P98000001093

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

Please return all correspondence concerning this matter to the following:

Steven A. Zizza
(Name of Contact Person)

Smile Concepts
(Firm/Company)

P.O. Box 723
(Address)

Union ME 04862
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven A. Zizza at (207) 785-4434
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2006

STEVEN A. ZIZZA, D.M.D., P.A.
COSMETIC & FAMILY DENTISTRY
P. O. BOX 723
UNION, MA 04862

SUBJECT: STEVEN A. ZIZZA, D.M.D., P.A.
Ref. Number: P98000001093

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

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.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 806A00008924

RECEIVED
FEB 10 PM 8:00
DIVISION OF CORPORATIONS



Steven A. Zizza, DMD, P.A.

COSMETIC & FAMILY DENTISTRY
P.O. BOX 723 • 95 DEPOT STREET
UNION, MAINE 04862
(207) 785-4434

1-25-06

Dear FL Dept of State,

I wish to dissolve my corporation

Document # P980000001093

Please forward appropriate paperwork
to the above address.

Steven A. Zizza

Z

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:

Steven A Zizza, DMD, P.A.

SECOND: The document number of the corporation (if known): 998000001083

THIRD: The date dissolution was authorized: Jan 1, 2006

Effective date of dissolution if applicable:
(no more than 90 days after dissolution file date)

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 of 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)

Steven A Zizza
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Steven A. Zizza, DMD, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

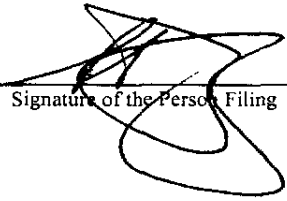
Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Steven A. Zizza
P.O. Box 723
Union, ME 04862

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Steven A. Zizza
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00