

P98000016904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

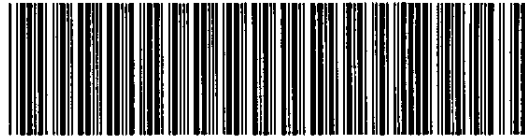
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100280744081

01/27/16--01028--006 **43.75

FILED
16 FEB 16 PM 12:27
SECRETARY OF STATE
HALL OF RECORDS
HARTFORD, CT 06103

dissolution w/notice

FEB 18 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S-Corporation Dissolution

DOCUMENT NUMBER: P98000016904

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

Please return all correspondence concerning this matter to the following:

Michael C Grant

(Name of Contact Person)

Michael C Grant, DDS, PA

(Firm/Company)

7499 Dr. MLK Street North

(Address)

Saint Petersburg, FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael C Grant

(727) - (418-5610)

(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

FILED
16 FEB 16 PM 12:27
AUDITING
SECTION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

MICHAEL C GRANT
MICHAEL C GRANT, DDS, PA
7499 DR. MLK STREET NORTH
ST PETERSBURG, FL 33702

SUBJECT: MICHAEL C. GRANT, D.D.S., P.A.
Ref. Number: P98000016904

We have received your document for MICHAEL C. GRANT, D.D.S., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign the application for dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 516A00002484

RECEIVED
16 FEB 16 PM 12:24

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:

Michael C Grant, DDS, PA

SECOND: The document number of the corporation (if known): P98000016904

THIRD: The date dissolution was authorized: September 25th, 2015

Effective date of dissolution if applicable: December 20th, 2015

(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

MICHAEL C. GRANT

(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)

Michael C Grant

MICHAEL C. GRANT

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
16 FEB 16 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MICHAEL C. GRANT, DDS, PA

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)

4395 51ST AVE. SOUTH
ST. PETERSBURG, FL. 33711

FILED
16 FEB 16 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLA.

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.

MICHAEL C. GRANT

Printed Name of the Person Filing

Michael C. Grant

Signature of the Person Filing