

LOS 0000 47205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

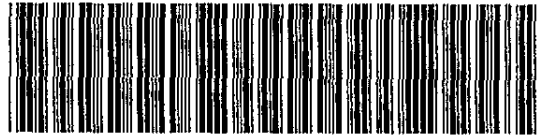
(Business Entity Name)

(Document Number)

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06 MAR 10 PM 12:25
TALLAHASSEE, FLORIDA

N. Quinn MAR 15 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATED DENTAL SPECIALITIES OF NAPLES, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS R. DELUCA, ESQ
(Name of Person)

(Firm/Company)

100 SE 6 ST
(Address)

FORT LAUDERDALE FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIS R. DELUCA at (954) 523-2700
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

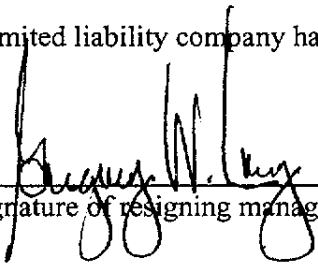
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Gregory W. Long, hereby resign as Manager/Member**
(Title)

of Associated Dental Specialities of Naples, PLLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

 2-24-06
(Signature of resigning manager, managing member or member)

** as applicable

FILED
06 MAR 10 PM 12:25
TALLAHASSEE, FLORIDA

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314