

MA 7648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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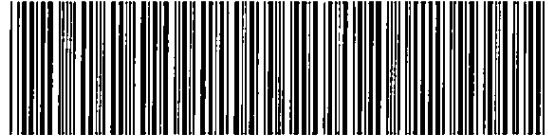
(Business Entity Name)

(Document Number)

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12/04/23

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH AMERICAN DENTAL EXPORTING, CORP.

(Name of Corporation)

DOCUMENT NUMBER: M87648

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvarado, Maria Mercedes

(Name of Person)

SOUTH AMERICAN DENTAL EXPORTING, CORP.

(Name of Firm/Company)

1081 WEST 46TH STREET

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

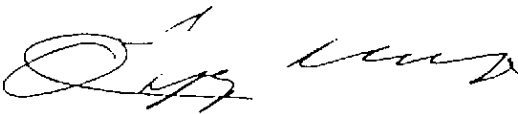
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Oscar Lopez, hereby resign as Director
(Title)

of SOUTH AMERICAN DENTAL EXPORTING, CORP.
(Name of Corporation)

M87648, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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

FILED IN 17