

PD1000086664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

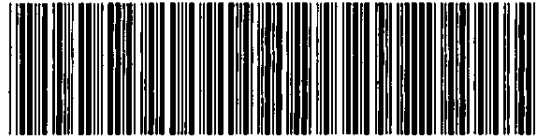
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bello-Burgos, D.M.D., P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** P01000086664

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

Please return all correspondence concerning this matter to the following:

Julio J. Burgos

(Name of Person)

(Name of Firm/Company)

12095 N.W. 5th Street

(Address)

Miami, FL 33182

(City/State and Zip Code)

For further information concerning this matter, please call:

Julio J. Burgos

(Name of Person)

at ( 305 ) 542-1097

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Julio J. Burgos, hereby resign as Vice President  
(Title)

of Bello-Burgos, D.M.D., P.A.  
(Name of Corporation)

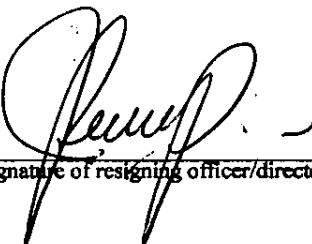
P01000086664, a corporation organized under the laws of the State  
(Document Number, if known)

Florida

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(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