P19000 14471 TEC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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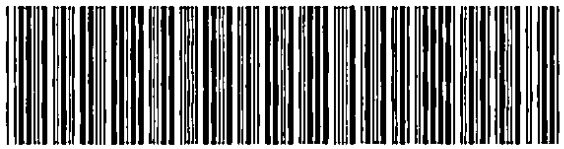

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TALLAHASSEE, FL

JUN 27 2019

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN DENTAL LABORATORY, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000144780

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

Please return all correspondence concerning this matter to the following:

DAVID A GIOMPALO
(Name of Person)

AMERICAN DENTAL LABORATORY, INC
(Name of Firm/Company)

1949 MARAVILLA AVE
(Address)

FT. MYERS FL 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A. GIOMPALO at (239) 936-3329
(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I. DAVID ANTHONY GIOMPALO, hereby resign as TREASURER (Title)

of AMERICAN DENTAL LABORATORY, INC (Name of Corporation).

P06000 144780 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

David Anthony Giompalo
(Signature of resigning officer/director)

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TALLAHASSEE, FL

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