

P98000089180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Resign

JUN 19 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kuppel's Professional Services
(Name of Corporation)

DOCUMENT NUMBER: P 980000 89180

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Brian J. Bodinski
(Name of Person)

Kuppel's Professional Services Inc.
(Name of Firm/Company)

5250 95th St.
(Address)

St. Petersburg, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Kuppel at (727) 546-7500
(Name of Person) (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**

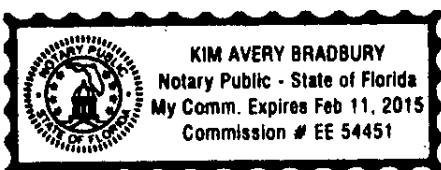
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Brian Bodinski, hereby resign as Secretary
(Title)

of Muppel's Professional Services
(Name of Corporation)

P98000089140, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

B. Bodinski
(Signature of resigning officer/director)



SUBSCRIBED AND SWORN BEFORE ME, THIS 10th
DAY OF JUNE 2015, A NOTARY PUBLIC
IN AND FOR PINELLAS COUNTY,
STATE OF FLORIDA
Kim Avery Bradbury
NOTARY PUBLIC
My Commission Expires 2/11/2015

FILING FEE IS \$35.00

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

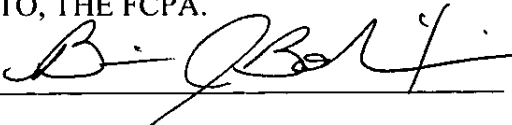
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATION

I, Brian Bodinski, am authorized to bind KUPPEL'S PROFESSIONAL SERVICE, located at 10820 75th Street Seminole FL 33777 United States, and hereby certify that, in relation to its business relationship with Dental Equipment LLC, KUPPEL'S PROFESSIONAL SERVICE does, and will comply with all applicable laws, rules, and regulations of the United States concerning anti-corruption and anti-bribery laws as well as the anti-corruption laws of the United States including, but not limited to, the U.S. Foreign Corrupt Practices Act of 1977, as amended (FCPA).

By signing below, I represent and warrant that I am authorized to bind KUPPEL'S PROFESSIONAL SERVICE.

BY SIGNING BELOW, I CERTIFY THAT KUPPEL'S PROFESSIONAL SERVICE WILL COMPLY WITH ALL APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO, THE FCPA.

Signature: 

Printed Name: Brian J. Bodinski

Title: Secretary

Date: 6-12-12

SUBSCRIBED AND SWORN BEFORE ME, THIS 12th
DAY OF JUNE 2012, A NOTARY PUBLIC
IN AND FOR PINELLAS COUNTY,
STATE OF FLORIDA
Kim Avery Bradbury
NOTARY PUBLIC
My Commission Expires 02/11/2015

