

P99000022181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

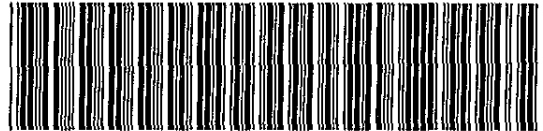
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600040819276

GA

09/17/04--01027--006 **35.00

FILED

04 SEP 17 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/24/04

OLD Res.

38

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DENTAL PLUS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P99000022181

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

Please return all correspondence concerning this matter to the following:

DRUMNIA MAIQUEZ

(Name of Person)

MICHAEL GARCIA PETIT, PA

(Name of Firm/Company)

1451 NW NORTH RIVER DRIVE

(Address)

MIAMI, FLORIDA 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GARCIA PETIT

(Name of Person)

at (305) 324-5101

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
04 SEP 17 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DRUMNIA MAIQUEZ, hereby resign as SVD
(Title)

of DENTAL PLUS, INC.
(Name of Corporation)

P99000022181, 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