# F55510

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootine Heritaria)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
a contract of the contract of

Office Use Only .



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10/4/11

### **COVER LETTER**

Division of Corporations
SUBJECT: Menchel: Menchel DMD PA  (Name of Corporation)  DOCUMENT NUMBER: F 55510
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
VICKI Menchel (Name of Person)
Menchel Menchel DMD PA (Name of Firm/Company)
1720 University Dr. #301 (Address)
Coval (Drings Fl 3307) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 345 2264 (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

## FILED

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2011 SEP 30 PH 12: 33

SECRETARY OF STATE TALLAHASSEE, FLORID!

I,	Vicki Menchel, hereby resign as V. Pres
of	Monchel: Manchel DMD PA
	(Name of Corporation)  (Name of Corporation)  (Document Number, if known)  (Name of Corporation)  (Name of Corporation)
	Florida.
	Gignature of residing 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