## K55197

(Requestor's Name)			
(Address)			
(Address)			
<b>,</b>			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special mediations to 1 ming emeci.			
·			

Office Use Only



600181311976



06/01/10-+01033-+005 \*\*35.00



80R 6/2/10

## **COVER LETTER**

Division of Corporations
SUBJECT: R. R. Rosanelli D. D. S., P. A. (Name of Corporation)
DOCUMENT NUMBER: K 55197
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Rose R. Rosanelli (Name of Person)
R.R. Rosanelli, D.D.S., P.A. (Name of Firm/Company)
(Name of Firm/Company)  3301 Bayshore Blud - Buite 2203  (Address)
Tampa Fl 33629 /(City/State and Zip Code)
For further information concerning this matter, please call:
Rose R. Rosanelli at (213) 236-0849  (Name of Person) at (213) 236-0849  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

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 | LED FOR A CORPORATION

2918 JUN -1 AM 9: 08

SECRETARY OF STATE TABLEHASSEE, FLORIDA

		INFRAMMOSEC . Comes
I,	Donna R. Luther , hereby resign as_	CEO (Title)
of_	R.R. Rosanelli, D.D.S., P.A. (Name of Corporation)	
	(Document Number, if known), a corporation organized und	er the laws of the State of
	Florida.	
	Down R. Luther (Signature of resigning officer/director)	
	(Signature of resigning officer/director	er)

## 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