

Sep. 26. 2007 11:28AM

L02000007854

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I20000000141
Phone : (407) 841-1550
Fax Number : (407) 420-1829

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07 SEP 26 AM 11:54
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

AESTHETIC DENTAL CENTER LLC

Certificate of Status	0
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H070002398843

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aesthetic Dental Center LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000007854

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale Barnett

(Name of Person)

Arnold Matheny & Eagan, P.A.

(Name of Firm/Company)

605 East Robinson Street, Suite 730

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Dale Barnett

(Name of Person)

at (407) 841-1550

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Arnold Matheny & Eagan, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Aesthetic Dental Center LLC

(Name of Limited Liability Company)

L02000007854

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Lehn E. Abrams

(Typed or Printed Name)

Administrative Director

(Capacity)

FILED
07 SEP 26 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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