

L04000046557

(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



700067967947

03/16/08--11:05--035 ***E***

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 16 PM 2:38

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christie Dental Practice Group P.L.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Christie
(Name of Person)

Christie Dental Practice Group P.L.
(Firm/Company)

1694-A W. Hibiscus Blvd
(Address)

Melbourne FL 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Christie at (321) 729-0004 x104
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

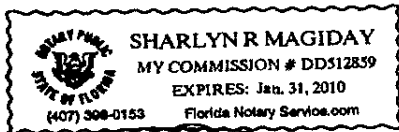
I, Todd E. Christie, hereby resign as Managing Member
(Title)
of Christie Dental Practice Group P.L.
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.

Todd E. Christie / Managing member
(Signature of resigning manager, managing member or member)

The foregoing instrument was
acknowledged before me
this 15th day of March, 2006
by Todd E. Christie

FILING FEE IS \$25.00

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



CR2E079 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 16 PM 2:38

APPROVED
AND
FILED