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(Address)

(City/State/Zip/Phone #)

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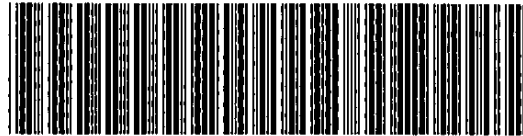
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 17 PM 12:47

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Christie Dental Practice Group  
Partners  
(Name of Limited Liability Company)

Dear Sir or Madam:

L 04 0004 6557

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:

Anjay Kalra  
(Name of Person)

Christie Dental Practice Group  
(Firm/Company)

1694A 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  
(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



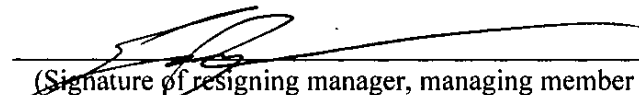
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Anjay Kalra, hereby resign as Managing Member  
(Title)  
of Christe Dental Practice Group PL,  
(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.

  
(Signature of resigning manager, managing member or member)

**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