

LO6000113336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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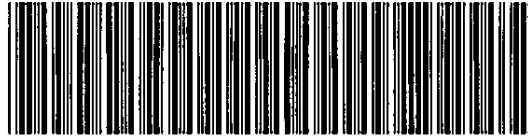
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Dental, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lynn Walker Wright, Esq.

(Contact Person)

Lynn Walker Wright, P.A.

(Firm/Company)

12184 West Colonial Drive, Suite 102

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Walker Wright, Esq.

(Name of Contact Person)

at (407) 656-5500

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee (paid)

☐ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2016

LYNN WALKER WRIGHT
LYNN WALKER WRIGHT, PA
12184 WEST COLONIAL DR, STE 102
WINTER GARDEN, FL 34787

SUBJECT: ELITE DENTAL, LLC
Ref. Number: L06000113336

RECEIVED
2016 APR 11 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ELITE DENTAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00003415

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Elite Dental, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L06000113336

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/10/2016

4. I, Rodolfo A. Olmos, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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16 APR 11 AM 9:58
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TALLAHASSEE, FLORIDA