

Aug. 15. 2011 4:15PM
Division of Corporations

No. 2828 P. 1
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L07000080847

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SPECTOR GADON
Account Number : I20030000027
Phone : (215) 241-8893
Fax Number : (215) 241-8844

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
THE SNYDER DENTAL GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS

AUG 16 2011

EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Snyder Dental Group
Name of Limited Liability Company

DOCUMENT NUMBER: L0700008087

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:

Jill Ehrlich, Paralegal
Name of Person

Spector Gadon & Rosen
Name of Firm/Company

360 Central Ave , Suite 1550
Address

St. Petersburg, FL 33701
City/State and Zip Code

jehrich@lawsgr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Ehrlich at (215) 241-8833
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Spector Gadon & Rosen, P.C., hereby resigns as
Name of Registered Agent

Registered Agent for The Snyder Dental Group, LLC

Name of Limited Liability Company

L07000080847

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.

Jill Ehrlich, Paralegal for
Signature of Resigning Agent
Spector Gadon & Rosen
P.C.

If signing on behalf of an entity:

Jill Ehrlich

Typed or Printed Name

Paralegal

Capacity

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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