

LOG000000273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

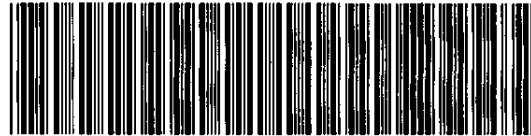
(Business Entity Name)

(Document Number)

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10 OCT 11 PM 3:36  
TALLAHASSEE, FLORIDA  
STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 11 2010

EXAMINER

S. HAWKES

OCT 11 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DentalConfirm.com LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Les Alt  
(Contact Person)

DentalConfirm.com LLC  
(Firm/Company)

7040 W Palmetto Park Rd #4-815  
(Address)

Boca Raton, FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Les Alt at ( 561 )  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$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



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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

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

2. This limited liability company was organized under the laws of:

florida llc formation .

3. The Florida document/registration number of this limited liability company is:

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4. I, David B Gay, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

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

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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