# L09000071873

	(Requestor's Name)	<del></del>
<del></del>	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
<u>.</u> .	; (Business Entity Name)	
	(Document Number)	
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O9 SEP 15 PH 12: 58
SECRETARY OF STATE
TALLTAHASSEEL FRORID

Meids RA. Resign

C.COULLIETTE

SEP 17 2009

**EXAMINER** 

### **E** COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	FLAGLER DEN	TAL CA	RE LLC	
	Name of Limited	Liability (	Company	
DOCUMENT NUMBER:_	L09000071873			
The enclosed Resignation of for filing.	Registered Agent for a	a Limited	Liability Compan	y and fee are submitted
Please return all corresponde	ence concerning this m	atter to th	e following:	
JAIRO	EMILIANI			
Name	of Person			
SPEEDY PARALE	GAL SERVICES INC			
Name of F	irm/Company			
	v 23RD ST	·		
Ad	ldress			
MIAMI	FL 33145			
City/State	and Zip Code			
E-mail address: (to be used	for future annual report not	ification)		
For further information cond	erning this matter, ple	ase call:		
JAIRO EMILIA Name of Pers	ANI at (	305	859-85 & Daytime Telepho	37
Name of Person	on A	rea Code	& Daytime Telepho	ne Number
Enclosed is a check made paliability company or \$25.00 limited liability company.	yable to the Florida De for an administratively	epartment dissolve	of State for \$85.0 d, voluntarily disse	0 for an active limited olved or withdrawn

#### 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	s of section 608.416(2) or 608.509, Florida Statutes	s, the undersigned,
MA	RTA HOSSAIN DDS , h	nereby resigns as
1	Name of Registered Agent	
Registered Agent for	FLAGLER DENTAL CAP	RE LLC
	Name of Limited Liability Company	,
L090000	071873	
Document Num	aber, if known	
	was mailed to the above listed limited liability con	
The agency is terminated	and the office discontinued on the 31st day after the	ne date on which this statement is filed.
If signing on behalf of an	Signature of Resigning Agent entity:	NOTARY PUBLIC STATE OF FLORIDA Jairo Emiliani Commission # DD883708 Expires: JULY 10, 2013 BONDED THRU ATLANTIC BONDING CO., INC.
_	MARTA HOSSAIN DDS	Element
	Typed or Printed Name	09-08-2009
MGRM DDS		
	Capacity	
	FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved, withdrawn limited liability	npany / voluntarily dissolved company
	Make checks payable to Florida Department of St	ate and mail to:
	Division of Corporations P.O. Box 6327	
	Tallahassee, FL 32314	