

To: 18506176380

9/19/2019

**L09000099650**  
From: Meghan A. Collins  
2-15-10 12:49pm p. 3 of 3  
Division of Corporations  
(((H19000281216 3)))

Florida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850)617-6380

From:  
Account Name : FLICK LAW GROUP, P.L.  
Account Number : I20100000023  
Phone : (407)273-1045  
Fax Number : (407)273-1058

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
ORANGE DENTAL, P.L.**

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

James J. Flick

, hereby resigns as

Name of Registered Agent

Registered Agent for Orange Dental, P.L.

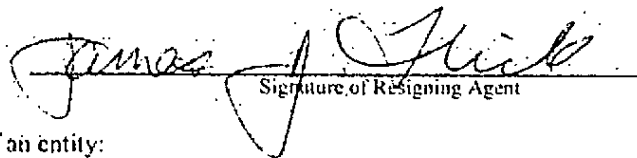
Name of Limited Liability Company

L09000099650

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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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