

L1000003.8586

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT 12 AM 8:01

N. Culligan OCT 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Implant Dental Group of South Florida, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000038586

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:

Gina D Dean, DDS
Name of Person

Implant Dental Group of South Florida, LLC
Name of Firm/Company

8136 Okeechobee Blvd Suite B
Address

West Palm Beach, Florida 33407
City/State and Zip Code

gdbey@gate.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina D Dean, DDS at (772) 595-1888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILING CANCELLED
RETURNED CHECK

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jackie C Johns, DMD

Name of Registered Agent

, hereby resigns as

Registered Agent for Implant Dental Group of South Florida, LLC

Name of Limited Liability Company

L10000038586

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]
Signature of Resigning Agent

If signing on behalf of an entity:

Dr Jackie C Johns
Typed or Printed Name
Resigning Agent
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

INHS17 (08/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT 12 AM 8:01