

L10000056291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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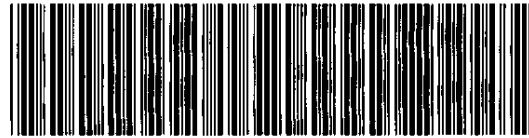
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -9 PM 2:44

B. Tolson AUG 10 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Rental, 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:

Paul J. Burkhardt
(Contact Person)

Law Offices of Paul J. Burkhardt, P.L.
(Firm/Company)

400 Village Square Crossing
(Address)

Palm Beach Gardens, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Burkhardt at (561) 880-0155
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

10 AUG - 9 PM 2:44
SECRETARY 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: Legacy Dental, LLC

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

3. The Florida document/registration number of this limited liability company is:
L1000005629.1

4. I, PDentLab, Inc., hereby resign as a NGRM
(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.

+ Elizabeth Pitcher on behalf of PDentLab INC.
Signature of Resigning Member, Managing Member or Manager

+ John A. Pitcher on BEHALF OF PDentlab, INC.

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