

L100000087010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600305427026

11/13/17--01015--025 \*\*25.00

NOV 13 10 28  
711 570

D 50011

NOV 14 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** City Hall Dental PL  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Daniel Etlinger

(Contact Person)

Perry Law, P.A.

(Firm/Company)

100 Main Street, Suite 208

(Address)

Safety Harbor, Florida 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Etlinger

(Name of Contact Person)

at ( 727 ) 953-9870

(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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: City Hall Dental, PL

2. The Florida document/registration number assigned to this limited liability company is:  
L10000087010

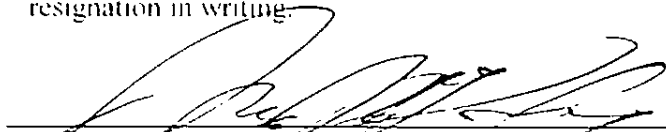
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/6/2017

4. I, Guidepoint Management, LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Receiver

*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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