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(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE PALLAHASSEF, FI DEID.

B. BOSTICK

APR 3 0 2013

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

Med-Dent Sales & Consultants

(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:

Yvonne Goldman

(Contact Person)

(Firm/Company)

4819 8th Avenue North #209

(Address)

Seminole, FL 33713

(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Goldman

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it app I-Dent Sales & Consulta		he Florida D	Departme	nt -
This limited liability company was organized us Florida		nder the laws of:		2013 APR 29	
3. The Florida document L120001090	nent/registration number of this	limited liability compan	y is: y is:	PH 3: 46	C
4. I, Martin With	ake	, hereby resign as a Ma	naging M	lember	•
(Print Na	ne of Person Resigning)	, , , ,	(Print Title	e)	-
resignation in writ	lity company and affirm the limiting. ning Member, Managing Member		as been notif	fied of m	У
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				