

10/19/2015 16:35 FAX 4074231831

DEAN MEAD ORLANDO

001

10/19/2015

L13000109626

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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

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

LLC REGISTERED AGENT RESIGNATION  
CLARK ORTHODONTICS, PLLC

Certificate of Status	0
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K. SALY  
EXAMINER  
OCT 20 2015

(((H15000250118 3)))

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

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

Dean, Mead & Bovay

Name of Registered Agent

, hereby resigns as

Registered Agent for

Clark Orthodontics, PLLC

Name of Limited Liability Company

L13000109626

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.

J. Van Heyde II

Signature of Resigning Agent

If signing on behalf of an entity:

Dean, Mead, Egerton, Bloodworth,  
Capouano & Bozarth, P.A.

Typed or Printed Name

Owner

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withdrawn limited liability company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 (2/14)

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FILED  
2015 OCT 19 AM 8:57  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE