L14000048202

(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
TALLAHASSEE, FLORIDA

K. SALY
MAR 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Dental Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000048202

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:

Maximus Zard
Name of Person

Southern Dental Group.
Name of Firm/Company

3512 Del Prado Blvd, cape coral
Address

cape coral / FL / 33908
City/State and Zip Code

Dentalba1620@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max at (239) 540-1033
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
2017 MAR 10 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Maximus Zand, hereby resigns as
Name of Registered Agent

Registered Agent for: Southern Dental Group LLC
Name of Limited Liability Company

L14 0000 48 202
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 of Resigning Agent

If signing on behalf of an entity:

MAXIMUS ZAND
Typed or Printed Name

Registered 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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 (2/14)