

L14000195533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

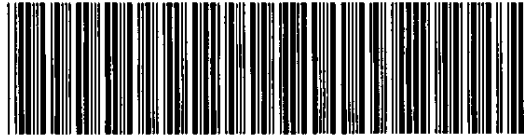
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2015
J. HARRIS



4010 W. Boy Scout Blvd., Suite 1100 | Tampa, FL 33607
813 288 1999 | www.coastdental.com

July 9, 2015

Via Fedex

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company

Dear Sir/Madam:

Enclosed is the original Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company for **Intelident Solutions, LLC** (Fla. Registration No.: M15000000998).

Also enclosed is the original Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company for **Coast Dental Services, LLC** (Fla. Registration No.: L14000195533).

Please file these Dissociation/Resignation documents with the Secretary of State as required. Our company check #000304 payable to the Secretary of State in the amount of \$50.00 is included to cover the required filing fees.

If you have any questions, please do not hesitate to call me at (813) 288-6212 or by email at Kristan.Long@coastdental.com

Thank you for your assistance to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristan R. Long".

Kristan R. Long, FRP
Florida Registered Paralegal

/kl

Encls.



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: COAST DENTAL SERVICES, LLC

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

L14000195533

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/1/15

4. I, THOMAS J. MARLER, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

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

X 
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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DIVISION OF STATE
TALLAHASSEE, FLORIDA