116000081979

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(0.		
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SICKETYSY STEAMS

D. BRUCE JAN 09 2017

COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT: CLEARWATER DENTAL BUIL	LDING, LLO		
(Name of Limite	d Liability Con	mpany)	
The enclosed member, resignation or dissociation	ion and fee(s	s) are submitted for	filing.
Please return all correspondence concerning the	is matter to:		
JOSHUA WYATT			
(Contact Person)		_	
Clearwater Dental Building, LLC			
(Firm/Company)		_	
3308 S Dale Mabry Hwy			
(Address)		-	
Tampa, FL 33629			
(City/State and Zip Code)		_	7 ~
For further information concerning this matter,	please call:		ULA JAN
Joshua Wyatt	813	373-4964	58
(Name of Contact Person)		& Daytime Telephor	
Enclosed please find a check made payable to t \$\sumsymbol{\Pi}\$ \$\\$55 \text{Filing Fee}\$		Department of State Fee & Certified Co	

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

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 F	lorida Department	
of State is: CLE	ARWATER DENTAL BUIL	LDING, LLC		
2. The Florida docu L1600008197	•	signed to this limited liability cor	npany is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	12-20-16	
4. I, Kristin S Wya	att	, hereby withdraw/resign as	a	
Member	ame of Person Resigning)			
	(Print Title)			
of this limited lial resignation in wri		e limited liability company has be	een notified offmy	-11
KW	ntt		N -5 ASSE	
	ssociating Member or Resign	ning Manager	A DO	Ü
	\$25.00 (Required) \$30.00 (Optional)		<u>B</u> € 5	