

L17000009668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

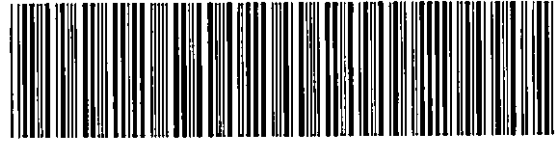
(Business Entity Name)

(Document Number)

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17 DEC -4 AM 10:48  
SUPREME COURT OF FLORIDA  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 06 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DENTAL CONSULTANTS OF FLORIDA, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MAZIN SHIKARA

(Contact Person)

DENTISTRY BY DESIGN, LLC

(Firm/Company)

3889 MILITARY TRAIL

(Address)

JUPITER FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

MAZIN SHIKARA

at ( 561 ) 779-1652

(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



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: DENTAL CONSULTANT OF FLORIDA, PLLC
2. The Florida document/registration number assigned to this limited liability company is:  
L17000009668
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/20/2017
4. I, ISABEL BOSCIO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

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

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