

Division of Corporations

L17000250846
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.
Account Number : I20050000159
Phone : (772)231-4440
Fax Number : (772)231-4430

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

Email Address: kbarryerosswayswan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUALITY DENTAL PRODUCTS, LLC

Certificate of Status	0
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STATE OF FLORIDA
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Electronic Filing Menu

Corporate Filing Menu

Help

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SEP 26 2017

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Quality Dental Products, 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:

Kevin M. Barry

(Contact Person)

Rossway Swan Tierney Barry Lacey & Oliver, P.L.

(Firm/Company)

2101 Indian River Blvd., Suite 200

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin M. Barry

at (772) 231-4440

(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

CR2F079 (2/14)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0215, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Quality Dental Products, LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000044781

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-05-2017

4. I, Steve Treadway, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member and Manager

(Print Title)

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

A handwritten signature in cursive script, appearing to read "Steve Treadway", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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