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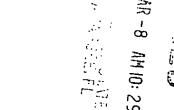
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TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations		
SUBJECT:	MMH Dental Care I, PLLC	;	
Sebule I.	(Name of L	imited Liability Co	mpany)
The enclosed	I member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return	all correspondence concernir	g this matter to:	
Matthew J.	Lapointe, Esq.		
	(Contact Person)		_
Blalock Wa	Iters, PA		
	(Firm/Company)		_
802 11th St	reet West		
	(Address)		
Bradenton,	FL 34205		
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	tter, please call:	
Matthew J.	Lapointe, Esq.	94 1	748-0100
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy
Registration			MAILING ADDRESS: Registration Section
Division of C Clifton Build	•		Division of Corporations P.O. Box 6327
2661 Executi	ive Center Circle Florida 32301		Tallahassee, Florida 32314



FILED

2019 MAR -8 AH 10: 29

FLORIDA DEPARTMENT OF STATE SECRE AND STATE DIVISION OF CORPORATIONS TALL AGAINSTELL FLORIDANCE FLO

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

(Pursuant to 605.0216, Florida Statutes)

	c limited liability company as IH Dental Care I, PLLC	it appears on the records of the Florida Department
2. The Florida doc L1800026790		signed to this limited liability company is:
, . Wonaninau	300un, D.D.S.	gned or will withdraw/resign is: 2/23/19 hereby withdraw/resign as a
(Print i	Name of Person Resigning)	, hereby withdraw/resign as a
Member and	Manager	
	(Print Title)	
resignation in wi	ibility company and affirm the piting.	e limited liability company has been notified of my
Filing Fee; Cortified Copy:	\$25.00 (Required) \$30.00 (Optional)	