

L70 000079527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

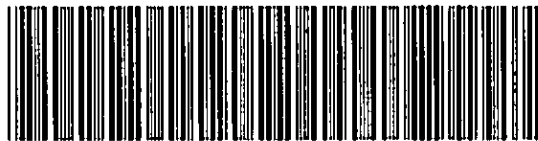
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS
ATLANTA, GEORGIA

2020 MAY 18 PM 6:57

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JUN 08 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE DENTAL CARE, 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:

JAN STOCK

(Contact Person)

BLUE SEA DENTAL

(Firm/Company)

3448 CLEVELAND AVE

(Address)

FORT MYERS, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

JAN STOCK

239

936-3436

at (_____) _____

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: ELITE DENTAL CARE, LLC
2. The Florida document/registration number assigned to this limited liability company is: L20000079527
3. The date this member/manager withdrew/resigned or will withdraw/resign is: MARCH 11, 2020
4. I, ERICA ULIASZ, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(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:
Certified Copy:

\$25.00 (Required)
\$30.00 (Optional)

2020 MAY 18 PM 6:57
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

FILED