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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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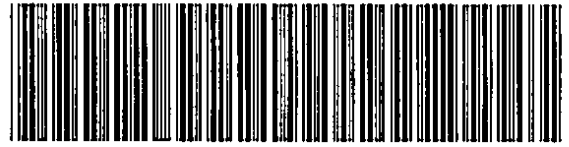
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
DEC 20 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All Dental Spa LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000244317

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna M. Fay

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

15765 112th Drive North

\_\_\_\_\_  
Address

Jupiter, FL 33478

\_\_\_\_\_  
City/State and Zip Code

donnafay360@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Fay

\_\_\_\_\_  
Name of Person

at ( 404 ) 290-5078  
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Dr. James L. Fay \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for All Dental Spa LLC

\_\_\_\_\_  
Name of Limited Liability Company

L200002444317

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*James L. Fay LMR*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

2021 DEC 11 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED