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CARLTON FIELDS

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Division of Corporations

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

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000
Fax Number : (813)229-4133

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LLC REGISTERED AGENT RESIGNATION
CELEBRATION DENTAL SERVICES L.C.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$85.00

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

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

CF REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **CELEBRATION DENTAL SERVICES L.C.**

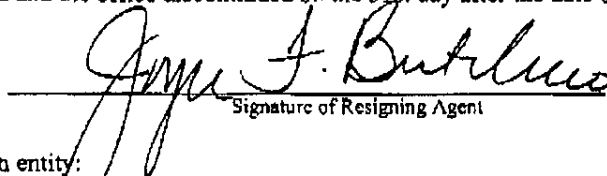
Name of Limited Liability Company

L96000001066

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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