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Florida Department of State

Division of Corporations
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TOWN Division of Corporations

WE CONTROL (850) 617-6380

WE COUNT Name : HODGSON RUSS LLP

WE COUNT Number : 072720000242

Phone : (716) 848-1371

Fax Number : (716) 849-0349

09 AUG -6 PM 2: 06
SECKETARY OF STATE
TAIL MASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

BARTON-CYKER DENTAL SUPPLY OF FLORIDA, L.L.C.

| Certificate of Status | 0 |
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections | s 608.416(2) or 608.509, Florida Statutes, | |
|--|--|--------|
| the undersigned, HRAWG CORP. (Name of Regis | , hereby resigns as Registered Agent for | C |
| BARTON-CYKE | R DENTAL SUPPLY OF FLORIDA, L.L.C. | |
| | mited Liability Company) | |
| L98000001592 (Occurrent Number, if known) | | |
| A copy of this resignation was maile known address. | nd to the above listed limited liability company at its last | • |
| The agency is terminated and the off statement is filed. | Fice discontinued on the 31" day after the date of Anich | is T |
| | | ED. |
| · <u></u> | (Signature of Resigning Agent) |) ; |
| If signing on behalf of an entity: | | |
| | David M. Stark | |
| | (Typed or Printed Name) | |
| | Vice President | |
| | (Capacity) | |
| \$85.00 - Act | g this document: tive limited lisbility company | |
| \$25.00 - Ad: | ministratively dissolved/voluntarily dissolved/ | |

Make checks payable to Florida Department of State and mall to:

Division of Corporations

P.O. Box 6327

Tallahasses, FL 32314

withdrawn limited liability compnay

H090001773443