

M26681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

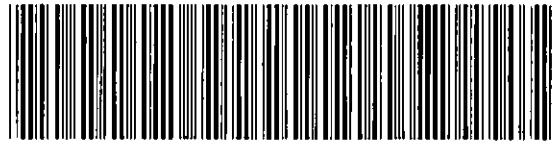
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Majestic Family Dental Clinic

(Name of Corporation)

**DOCUMENT NUMBER:** M26681

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marina Montano

(Name of Person)

Majestic Family Dental Clinic

(Name of Firm/Company)

8150 S W 8 ST, Suite 215

(Address)

Miami , FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Marina Montano

at ( 305 ) 262-8212

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sandy Montano, hereby resign as President  
(Title)

of Majestic Family Dental Clinic  
(Name of Corporation)

M26681, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

x Sandy Montano  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314