

M75631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

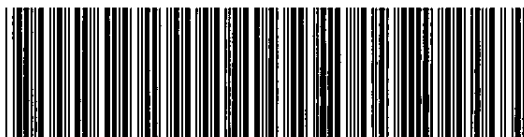
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 28 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRICE'S DENTAL LAB INC
(Name of Corporation)

DOCUMENT NUMBER: M75631

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

Please return all correspondence concerning this matter to the following:

NORMA RUTH PRICE

(Name of Person)

PRICE'S DENTAL LAB INC

(Name of Firm/Company)

4205 S MERIDITH AVE

(Address)

VALRICO FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

NORMA RUTH PRICE at (813) 689-0385
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DONNIE CLAY PRICE, hereby resign as PRESIDENT/DIRECTOR
(Title)

of PRICE'S DENTAL LAB, INC.,
(Name of Corporation)

M75631, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Donnie C. Price
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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