

N150000000 990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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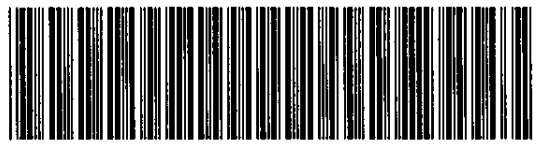
(Business Entity Name)

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15 SEP 10 AM 11:47

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Saving Smiles Corp
(Name of Corporation)

DOCUMENT NUMBER: N15000000990

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

Please return all correspondence concerning this matter to the following:

Rachelle Cucca
(Name of Person)

(Name of Firm/Company)

414 Hayden Road Apt F.
(Address)

Tallahassee FL 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachelle Cucca at (772) 214-2308
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 10 AM 11:47

I, Rachelle Cucca, hereby resign as Director and Vice President
(Title)

of Saving Smiles Corp.
(Name of Corporation)

NI5000000990, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Rachelle Cucca
(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