

N1700000 2687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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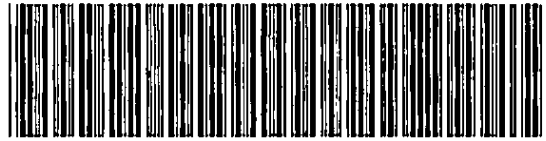
(Business Entity Name)

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JUN 18 2020

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oral Health Florida, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N17000002687  
\_\_\_\_\_

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Gregory Smith

\_\_\_\_\_  
(Name of Person)

Black Ink Management, Incorporated

\_\_\_\_\_  
(Name of Firm/Company)

732 Bayside Drive #202

\_\_\_\_\_  
(Address)

Cape Canaveral, Florida 32920

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Smith

\_\_\_\_\_  
(Name of Person)

at ( 321 ) 323-8036

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Gregory Smith

(Name of Registered Agent)

hereby resigns as Registered Agent for Oral Health Florida, Inc.

(Name of Corporation)

N17000002687

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Gregory Smith  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

### **Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314