

N18 000013007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

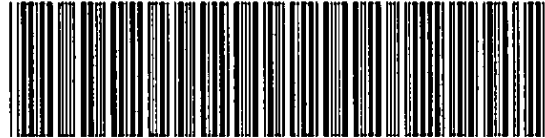
(Business Entity Name)

(Document Number)

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2022 APR 26 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
JUN 15 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2022

JAVIER DIAZ  
1611 VILLA WAY  
POWELL, OH 43065

SUBJECT: SUPPORT SMILES, INC.  
Ref. Number: N18000013007

We have received your document for SUPPORT SMILES, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 822A00002292

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUPPORT SMILES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N18000013007

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

Please return all correspondence concerning this matter to the following:

CARLEEE POWELL  
(Name of Person)

SUPPORT SMILES INC  
(Name of Firm/Company)

88 SW 7TH ST. APT 1911  
(Address)

MIAMI, FL 33130  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAVIER DIAZ at (619) 920 9496  
(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

FILED

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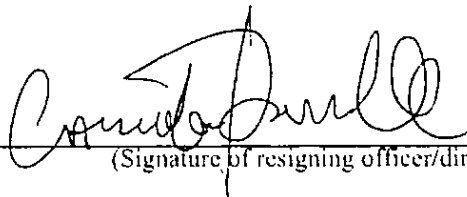
SECRETARY OF STATE  
TALLAHASSEE, FL  
DIRECTOR

I, CARLEE POWELL, hereby resign as \_\_\_\_\_  
(Title)

of SUPPORT SMILES, INC  
(Name of Corporation)

N18000013007, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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