

POVO 000 211 71

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

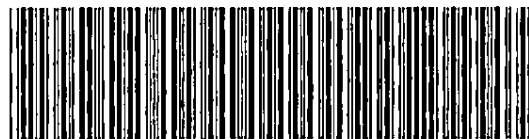
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alex E Aleman DMD, PA
(Name of Corporation)

DOCUMENT NUMBER: P000 000 21171

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

Please return all correspondence concerning this matter to the following:

Alex E Aleman DMD
(Name of Person)

Alex E Aleman DMD, PA
(Name of Firm/Company)

10796 Pines Blvd Suite 203
(Address)

Pembroke Pines, FL 33026
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex E Aleman DMD at (954) 499-1599
(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, Alida Aleman, hereby resign as SD
(Title)

of Alex E Aleman DMD, PA
(Name of Corporation)

P000000 21171, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Alida Aleman
(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

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