

Pwww95363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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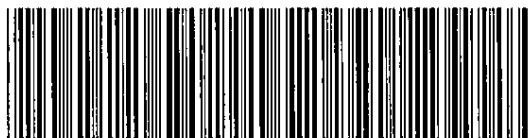
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
34

C. GOLDEN

AUG 28 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: G.L. DENTAL CLINIC, PA
(Name of Corporation)

DOCUMENT NUMBER: P00000095363

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

Please return all correspondence concerning this matter to the following:

GRISEL MARTOS

(Name of Person)

GL DENTAL CLINIC, PA

(Name of Firm/Company)

782 NW LEJEUNE ROAD # 633

(Address)

MIAMI, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

GRISEL MARTOS

(Name of Person)

at (305) 444-0808

(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**

I, WALTER DE VILLIERS, hereby resign as TREASURER/SECRETARY
(Title)

of G.L. DENTAL CLINIC, PA
(Name of Corporation)

P00000095363, 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

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