

PO1000001602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

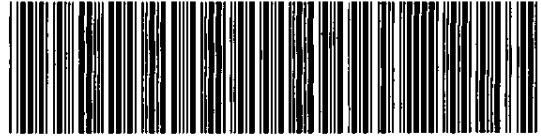
(Business Entity Name)

(Document Number)

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09 NOV -2 AM 9:01
STATE
ART OF
CORPORATIONS

T Roberts NOV 03 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MATLACHA DENTAL OF LEE COUNTY, INC
(Name of Corporation)

DOCUMENT NUMBER: P01000001602

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Oliver Huttner

(Name of Person)

Management Tax Consulting, Inc.

(Name of Firm/Company)

P.O. Box 101718

(Address)

Cape Coral, FL 33910-1718

(City/State and Zip Code)

For further information concerning this matter, please call:

Oliver Huttner

(Name of Person)

at (239) 645-4208

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -2 AM 9:01

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rolf Schiller, hereby resign as P
(Title)

of MATALCHA DENTAL OF LEE COUNTY, INC.
(Name of Corporation)

P01000001602, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

R. Schiller

(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