

P01000057803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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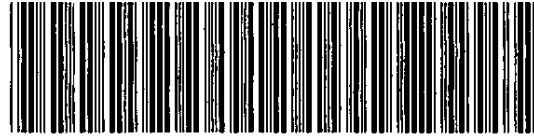
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*  
S. Coulllette AUG 18 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EL SHADAY DENTAL, Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 1000057803

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

Please return all correspondence concerning this matter to the following:

TANIA MARA L. RANGEL SANTOS.  
(Name of Person)

EL SHADAY DENTAL, CORP.  
(Name of Firm/Company)

11491 NW 79 LN  
(Address)

DORAL, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

TANIA MARA L. R. SANTOS at ( 305 ) 807-4447  
(Name of Person) (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

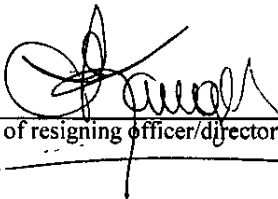
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TANIA MARA L. RANGEL SANTI hereby resign as Title D  
(Title)

of EL SHADAY DENTAL, Corp.  
(Name of Corporation)

PO1 000057803, 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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