

PO/000057803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

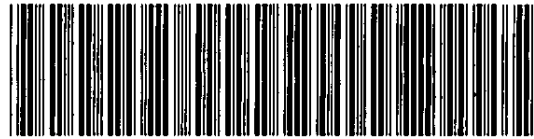
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

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

DOCUMENT NUMBER: PO1000057803

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANA MARCIA NOGUEIRA FARIA  
(Name of Person)

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

11495 NW 79 LANE  
(Address)

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

For further information concerning this matter, please call:

ADRIANA M. N. FARIA at ( 305 ) 370 9697  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2008

ADRIANA MARCIA NOGUEIRA FARIA  
EL SHADAY DENTAL, CORP  
11495 N.W. 79TH LANE  
DORAL, FL 33178

SUBJECT: EL SHADAY DENTAL, CORP.  
Ref. Number: P01000057803

We have received your document for EL SHADAY DENTAL, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 408A00046955

RECEIVED  
2008 SEP 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
**2008 SEP 26 AM 8:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ADRIANA MARCIA NOGUEIRA FARIA  
(Name of Registered Agent)

hereby resigns as Registered Agent for EL SHAADAY DENTAL, CORP.  
(Name of Corporation)

201000057803

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Adriana Faria  
(Signature of Resigning Agent)

If signing on behalf of an entity:

ADRIANA MARCIA NOGUEIRA FARIA  
(Typed or Printed Name)

AGENT

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**