

PO1000080864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

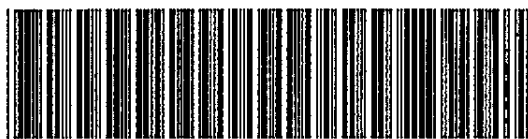
(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HUFF DENTAL LABORATORY, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000080864

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

ANTHONY P HUFF

(Name of Person)

HUFF DENTAL LABORATORY, INC

(Name of Firm/Company)

2504 BRAMBLEWOOD DRIVE EAST

(Address)

CLEARWATER FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY P HUFF

(Name of Person)

at ( 727 ) 734-3838

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

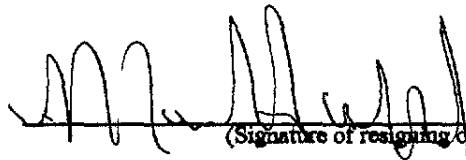
**FILED**  
05 SEP -9 PM 1:50  
TALLAHASSEE, FLORIDA

I, MELISSA A HUFF, hereby resign as OFFICER  
(Title)

of HUFF DENTAL LABORATORY, INC.,  
(Name of Corporation)

P01000080864, 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