

PO1000112402

Denture call

1905 Harrison St

Hollywood, FL 33020

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 500005621935--0  
-05/28/02--01071--021  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☒ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

06/12

FILED  
MAY 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 4, 2002

DENTURE CARE, INC.  
1905 HARRISON ST.  
HOLLYWOOD, FL 33020

SUBJECT: DENTURE CARE , INC  
Ref. Number: P01000112402

We have received your document for DENTURE CARE , INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The fee to file an officer/director resignation is \$35.00.

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.

Anna Chesnut  
Corporate Specialist

Letter Number: 802A00035957

(850) 245-6059  
\*(850) 245-6050

5-22-02  
check #4919

RECEIVED  
02 JUN 10 AM 9:31  
DIVISION OF CORPORATIONS

850-487-9000

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314 245

850-487-6802-4802

**OFFICER / DIRECTOR RESIGNATION**

I, Neil Hermansson, hereby resign as Director  
(Title)

of Denture Care, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Neil Hermansson  
(Signature of resigning officer/director)

**FILED**  
02 MAY 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

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