

1. PO2 0000001311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

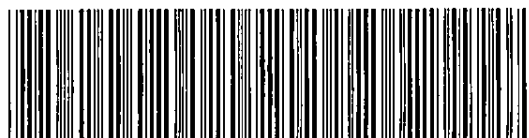
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations  
CC Dental Group PA

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** PO2(XXXXX)1371

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:

Dr. Cory Couch

\_\_\_\_\_  
(Name of Person)

CWD Dental Group

\_\_\_\_\_  
(Name of Firm/Company)

3411 Capital Medical Blvd

\_\_\_\_\_  
(Address)

Tallahassee, Florida 32308

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cory Couch

850

509-3789

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Dr. Cory Couch

(Name of Registered Agent)

hereby resigns as Registered Agent for CC Dental Group P.A.

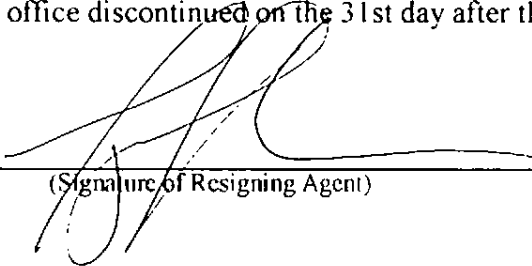
(Name of Corporation)

PO2000001371

(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.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cory Couch  
\_\_\_\_\_  
(Typed or Printed Name)

VP / Partner  
\_\_\_\_\_  
(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**