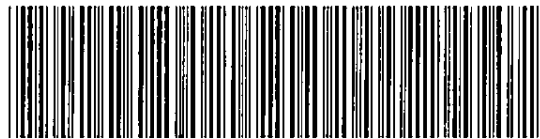


PO2 000001371



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07/18/24--01003--014 \*\*55.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CC Dental Group P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000001371

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

Please return all correspondence concerning this matter to the following:

Cory Couch  
(Name of Person)

CWD Dental Group  
(Name of Firm/Company)

3411 Capital Medical Blvd.  
(Address)

Tallahassee, Fla. 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cory Couch at ( 850 ) 509-37089  
(Name of Person) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

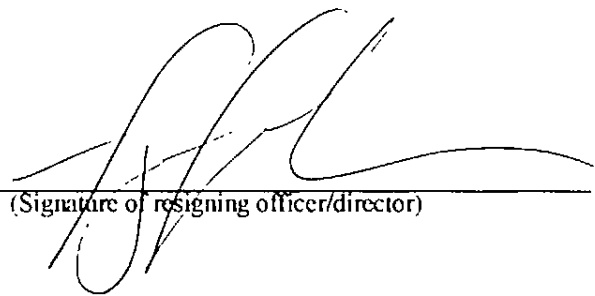
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2021.11.13 PM 2:42

I, Dr. Cory Lee Couch, hereby resign as VP and Partner  
(Title)

of CC Dental Group P.A.  
(Name of Corporation)

P02000001371, 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