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TO: Amendment Section
Division of Corporations

SUBJECT: VIVUTEX DENTAL LAB
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ALEXANDRU POGONAT
(Name of Person)

VIVUTEX DENTAL LAB
(Name of Firm/Company)

4431 SW 64 AV
(Address)

DAVIE FL. 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX POGONAT at (904) 200 4051
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEXANDRU POGONAT, hereby resign as PRESIDENT + HEAD CERAMIST
(Title) ^{fill-in all positions you hold} <sup>Pres
Vice-P
Treasurer
Secretary</sup>
of VILUTEX DENTAL LAB, INC. 4431 SW CHAN #114
(Name of Corporation)

#, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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