

PO4000097298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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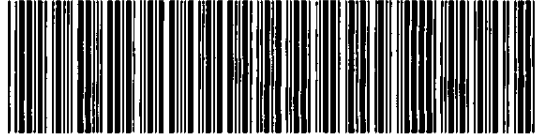
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ODS 12/10/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bello-Burgos, D.M.D., D.D.S., P.A.

(Name of Corporation)

DOCUMENT NUMBER: P04000097298

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

Please return all correspondence concerning this matter to the following:

Julio J. Burgos

(Name of Person)

(Name of Firm/Company)

12095 N.W. 5th Street

(Address)

Miami, FL 33182

(City/State and Zip Code)

For further information concerning this matter, please call:

Julio J. Burgos

(Name of Person)

at (305) 542-1097

(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

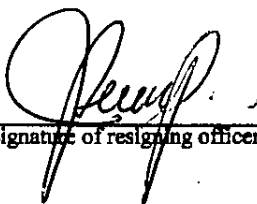
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Julio J. Burgos, hereby resign as Vice President
(Title)

of Bello-Burgos, D.M.D., D.D.S., P.A.
(Name of Corporation)

P04000097298, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
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