

P04000 122907



Armando Santos
8724 Springtree Rd.
Jacksonville, FL 32210

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

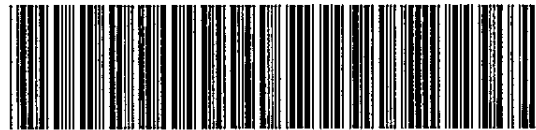
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500065557885

02/10/06--01048--010 **35.10

FILED
06 FEB 10 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BPS Dental Laboratory
(Name of Corporation)

DOCUMENT NUMBER: PO 4000122907

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

Please return all correspondence concerning this matter to the following:

SIUAPONG BASSETT
(Name of Person)

BPS Dental Laboratory
(Name of Firm/Company)

3693 Victoria Lakes Dr. E.
(Address)

Jacksonville, FL 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

Jefferson Peninoy at (904) 343-3510
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Armando J. Santos, hereby resign as Secretary
(Title)

of BPS DENTAL LABORATORY, INC.
(Name of Corporation)

P04000122907, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Armando J. Santos
(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

FILED
06 FEB 10 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA