

P04000 159413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

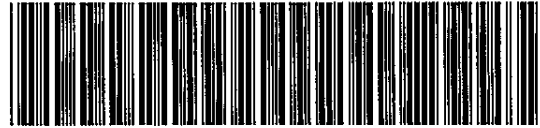
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600068152726

resignation
of
PCA

03/27/06--01011--015 **87.50

FILED
06 MAR 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 27 AM 9:31
OFFICE OF THE SECRETARY

RR
3/27/06

Charter Number Only

3.22.00 evelyn

Business Authority
Requestor's Name
8347 SW. 40 Street
Address
Miami, FL 33155
City State ZIP Phone
305.220.3420 A.

VALIDATION ONLY

CORPORATION(S) NAME

Dental Laboratory Center, Inc.
P04000159413

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Reservation |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Certificate Under Seal | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1508,
Florida Statutes, the undersigned, JUSTO TORRES
(Name of Registered Agent)

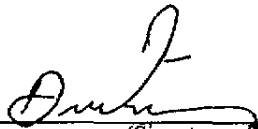
hereby resigns as Registered Agent for DENTAL LABORATORY CENTER, INC.
(Name of Corporation)

P04000159413

(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:

JUSTO TORRES

(Typed or Printed Name)

REGISTER AGENT

(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**

