

PD50000068/8

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ref
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4-3-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KINSMAN DENTAL LAB, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000006818

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA SUE KINSMAN
(Name of Contact Person)

KINSMAN DENTAL LAB, INC.
(Firm/Company)

9701 SPRUCE LANE,
(Address)

ZEPHYRHILLS, FL 33544
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA SUE KINSMAN at (813) 743-3858
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
06 APR 11 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LAURA SUE KINSMAN, hereby resign as DIRECTOR/PRESIDENT
(Title)

of KINSMAN DENTAL LAB, INC.
(Name of Corporation)

P05000006818, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Laura Sue Kinsman 4-3-06
(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