

PO5000011735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

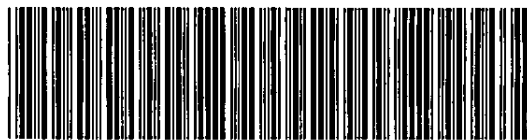
(Business Entity Name)

(Document Number)

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O/D Resign.

S-7-B

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DENTAL ASSOCIATES OF FLORIDA ENTERPRISES INC
(Name of Corporation)

DOCUMENT NUMBER: P05000011735

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

Please return all correspondence concerning this matter to the following:

JOAN C BUITRAGO
(Name of Person)

DENTAL ASSOCIATES OF FLORIDA ENTERPRISES INC
(Name of Firm/Company)

963 N KROME AVE
(Address)

HOMESTEAD, FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

CARL M SUGARMAN at (355) 253 6100
(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, JUAN D CARDENAS, hereby resign as PRESIDENT AND DIRECTOR
(Title)

of DENTAL ASSOCIATES OF FLORIDA ENTERPRISES INC,
(Name of Corporation)

POS000611735, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

x Juan Diego Cardenas
(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

13 APR 30 PM 1:59

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