

P050000013105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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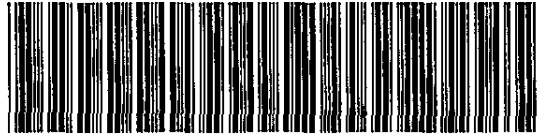
(Business Entity Name)

(Document Number)

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05 DEC -7 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN DEC 12 2005

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North Star Dental  
(Name of Corporation)

**DOCUMENT NUMBER:** PO5000613105

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

Please return all correspondence concerning this matter to the following:

Ralph Jimenez  
(Name of Person)

Northstar Dental  
(Name of Firm/Company)

1225 North Military Trail Suite 5  
(Address)

West Palm Beach FL, 33409  
(City/State and Zip Code)

For further information concerning this matter, please call:

Berkeley Nicholls at ( 978 ) 760-4434  
(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**

FILED  
05 DEC -7 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Berkeley Nicholls, hereby resign as President  
(Title)

of North Star Dental Inc.  
(Name of Corporation)

205000013105, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Berkeley Nicholls  
(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