## P05000089571

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ad                                     | ldress)            |             |
| (Ád                                     | ldress)            |             |
| (Cit                                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | isiness Entity Nar | me)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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Off Resign News 11-24-09

## **COVER LETTER**

| SUBJECT: SIGMA DENTAL INC  |
|--|
| (Name of Corporation)  |
| DOCUMENT NUMBER: P05000089571  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| SANTOS HORANGEL SUAREZ   |
| (Name of Person)   |
| SIGMA DENTAL INC   |
| (Name of Firm/Company)   |
| 1424 RIDGE ST  |
| (Address)  |
| KISSIMMEE, FLORIDA 34744   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| SANTOS SUAREZ  at ( 305 ) 4955631  (Name of Person) (Area Code & Daytime Telephone Number)   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

18.470

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

والمراجعين أأوو

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| I. SANTOS SUAREZ                             | , hereby resign as GENERAL DIRECTOR (Title)            |
|--|--|
| .,   | (Title)  |
| of_SIGMA DENTAL INC.                         |  |
| (Name of C                                   | Corporation)   |
| P05000089571 , a (Document Number, if known) | a corporation organized under the laws of the State of |
| FLORIDA                                      |  |
|  |  |
| (Sign  | ature 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