

P05000153536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

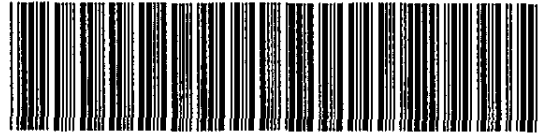
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03 MAR 16 09:05 AM #15.10

FILED
06 MAR 16 AM 10:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Christie Dental Partners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000153536

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

Please return all correspondence concerning this matter to the following:

Tim Christie
(Name of Person)

Christie Dental Partners Inc.
(Name of Firm/Company)

1694-A W. Hibiscus Blvd
(Address)

Melbourne FL 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Christie at (321) 729-0004 x104
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Todd E. Christie, hereby resign as President, Secretary, Treasurer,
(Title) Director

of Christie Dental Partners Inc.
(Name of Corporation)

P05000153536, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

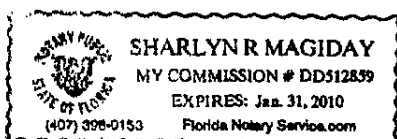
Todd E. Christie
(Signature of resigning officer/director)

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

The foregoing instrument was
acknowledged before me this
15th day of March, 2006,
by Todd E. Christie



FILED
09 MAR 16 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE