

PD60000640916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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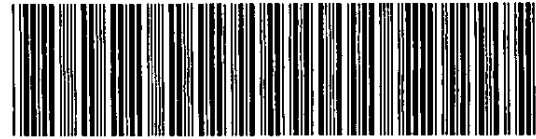
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DENTAL ASSISTING INSTITUTE INC**

(Name of Corporation)

DOCUMENT NUMBER: **P06000040916**

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

Please return all correspondence concerning this matter to the following:

Wendy Paquette

(Name of Person)

Dental Assiting Institute Inc.

(Name of Firm/Company)

4326 Park Boulevard Ste C-W

(Address)

Pinellas Park FL 33781

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Paquette

(Name of Person)

at (**727**) **547-4899**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Becky Bedillion, hereby resign as Treasurer
(Title)

of Dental Assisting Institute Inc.,
(Name of Corporation)

P06000040916, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Rebecca Bedillion
(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

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TALLAHASSEE, FLORIDA

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