

PO6000053329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

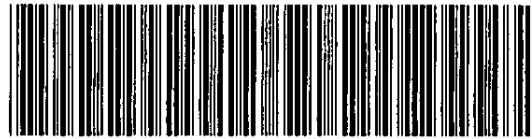
(Business Entity Name)

(Document Number)

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100108637501

*Resignation
of officer*

08/28/07--01005--003 **35.00

FILED
2007 SEP 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 00789, 00524, 00672



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2007

Wilfred Mendez
Unique Dental Lab, Inc.
8391 Correny Drive, Suite 103, 104
Riviera Beach, FL 33404

SUBJECT: UNIQUE DENT LAB, INC.
Ref. Number: P06000053329

We have received your document for UNIQUE DENT LAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Carmen Mendez sign the document on the line provided for resigning officer's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 307A00052437

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIQUE DENT LAB, INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000053329

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

Please return all correspondence concerning this matter to the following:

WILFRED MENDEZ

(Name of Person)

UNIQUE DENT LAB, INC.

(Name of Firm/Company)

8391 CORRENCY DRIVE, SUITE #103, #104

(Address)

RIVIERA BEACH, FL 33404

(City/State and Zip Code)

For further information concerning this matter, please call:

WILFRED MENDEZ

(Name of Person)

at (561) 201-1514

(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**

FILED
2007 SEP 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CARMEN MENDEZ, hereby resign as DIR., PRES., TREAS.
(Title)

of UNIQUE DENT LAB, INC.
(Name of Corporation)

P0600053329, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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