

(Re	equestor's Name)	)
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(C	ity/State/Zip/Phor	ne #)
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## TRANSMITTAL LETTER

SUBJECT:\_Champion Orthodontics, PA (Name of Corporation) DOCUMENT NUMBER: <u>P07000011492</u> The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel Etlinger (Name of Person) Perry Law, P.A. (Name of Firm/Company) 100 Main Street, Suite 208 (Address) Safety Harbor, Florida 34695 (City/State and Zip Code) For further information concerning this matter, please call: Daniel Etlinger (Name of Person)

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

TO:

Amendment Section Division of Corporations

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Guidepoint Managemer	nt, LLC. hereby resign as Receiver	
	(Title)	
<sub>of</sub> Champion Orthodon	tics, PA	
	of Corporation)	
P07000011492	_, a corporation organized under the laws of the State of	
(Document Number, if known) Florida		
	_	
- Jak	ignature of resigning officer/director)	
	WALLAHASSE	

Make checks payable to Florida Department of State and mail to:

**FILING FEE IS \$35.00** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314