

P07 000048284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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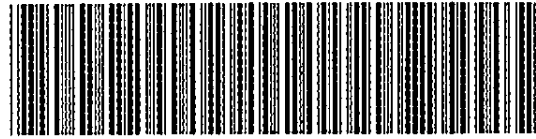
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

QA 10/30/20

# TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** West Kendall Dental Associates Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000048284  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Natalie Guerra  
\_\_\_\_\_  
(Name of Person)

West Kendall Dental Associates Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

11880 SW 40th St Ste 302  
\_\_\_\_\_  
(Address)

Miami, FL 33175  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Guerra at ( 786 ) 285-5148  
\_\_\_\_\_  
(Name of Person) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Vannette Guerra Orta, hereby resign as VP  
(Title)

of WEST KENDALL DENTAL ASSOCIATES, INC.  
(Name of Corporation)

P07000048284, 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

**FILED**  
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