P09000024930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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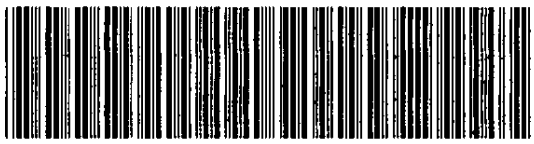

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TALLAHASSEE, FLORIDA

off. Resign.

TP OCT - 7 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dent Master of Jacksonville INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000024930

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

Please return all correspondence concerning this matter to the following:

Robert M. Bayette
(Name of Person)

Dent Master of Jacksonville INC.
(Name of Firm/Company)

10632 Akers Dr. N. Jacksonville FL. 32225
(Address)

Jacksonville, FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Bayette at (904) 207-4040
(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, Robert Mark Boyette, hereby resign as Officer Title VP (Title)

of Dent Master of Jacksonville INC. (Name of Corporation),

P09000024930 (Document Number, if known), a corporation organized under the laws of the State of

Florida.

(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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