## P09000044933

| (Requestor's Name)                       |
|--|
| (Address)                                |
| (Address)                                |
| (City/State/Zip/Phone #)                 |
|  |
| (Business Entity Name)                   |
| (Document Number)                        |
| Certified Copies Certificates of Status. |
| Special Instructions to Filing Officer:  |
|  |
|  |
|  |

Office Use Only



10/29/09--01037--005 \*\*35.00

2009 OCT 29 AM 11: 24 FILED AETARY OF STAF AHASSEE, FLORI

off. Resign.

TB

OCT 3 0 2000

## **COVER LETTER**

TO: Amendment Section Division of Corporations

7 ...

SUBJECT: RightSmile USA, Inc.

n,

(Name of Corporation)

DOCUMENT NUMBER: P09000044933

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

Please return all correspondence concerning this matter to the following:

**Guillermo R Priede** 

(Name of Person)

(Name of Firm/Company)

927 Hammock Rd.

(Address)

Brooksville, FL. 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Guillermo R Priede

(Name of Person)

at (<u>352</u>) 754-1127 (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 <u>Mailing Address:</u> Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

|   | / DIRECTOR RESIGNATION<br>OR A CORPORATION | ZOBY OCT 29<br>TALLAHASSEE OF STATE |
|---|--|-------------------------------------|
|   |  | CORIO                               |
| , Guillermo R Priede                    | , hereby resign as                         | (Title)                             |
| ,<br><sub>of</sub> RightSmile USA, Inc. | , hereby resign as                         |                                     |
| ,<br><sub>of</sub> RightSmile USA, Inc. |  | (Title)                             |

.

ω (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

app 109

i.