

P10000002844

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
11 MAY 16 AM 11:34

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LOBAINA Dental Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P10000002844

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

Please return all correspondence concerning this matter to the following:

YOAN LOBAINA  
(Name of Person)

LOBAINA Dental Corp.  
(Name of Firm/Company)

9961 SW 20 st  
(Address)

Miami FL 33165  
(City/State and Zip Code)

For further information concerning this matter, please call:

YOAN LOBAINA at ( 305 ) 582-9662  
(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, MAIRA LOBAINA, hereby resign as Vice-President  
(Title)

of LOBAINA Dental Corp  
(Name of Corporation)

P10000002844, 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

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