

OD 12e5
(10, 3, 14, 13)

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRINITY DENTAL LABORATORY INC

(Name of Corporation)

DOCUMENT NUMBER: P10000071163

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

Please return all correspondence concerning this matter to the following:

JASON FLORES

(Name of Person)

TRINITY DENTAL LABORATORY INC

(Name of Firm/Company)

3246 KISMET CT

(Address)

NEW PORT RICHEY, FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON FLORES

(Name of Person)

at (**727**) **514-4910**

(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:

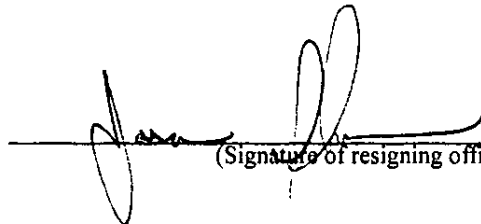
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JASON FLORES, hereby resign as D/VP
(Title)

of TRINITY DENTAL LABORATORY INC,
(Name of Corporation)

P10000071163, 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

13 MAR 13 4:11:01