## P10000011163

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## 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

,, 727 \514**-**491

(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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> JASON FLORES	, hereby resign as D/VP
-7	(Title)
of TRINITY DENTAL	LABORATORY INC
	ne of Corporation)
P10000071163	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314