

P12.0000076366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

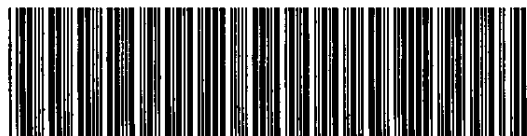
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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10

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FIXES - it - ALL Dental Equipment INC.  
(Name of Corporation)

DOCUMENT NUMBER: P12000076366

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

Please return all correspondence concerning this matter to the following:

~~Michael~~ Thomas F. SULLIVAN  
(Name of Person)

FIXES - it - ALL Dental Equipment INC  
(Name of Firm/Company)

832 High Point Blvd North D  
(Address)

Delray Beach, FL 33445  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Bell at (561) 543-3623  
(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**

I, Michael R. Bell, hereby resign as VP  
(Title)

of Fixer-It - All Dental Equipment Inc.  
(Name of Corporation)

P12006076386, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

MR Bell 11/29/2012

(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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