

P130000011085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

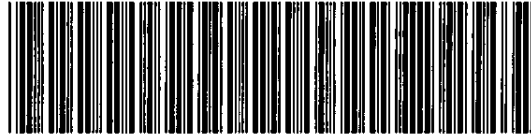
(Business Entity Name)

(Document Number)

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resignation of
officer

12/11/15--01016--029 **35.00

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15 DEC 11 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 15 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DENTAL SPECIALISTS OF BROWARD GROUP CO.
(Name of Corporation)

DOCUMENT NUMBER: P13000011085

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

Please return all correspondence concerning this matter to the following:

JOSE ESCARPIO

(Name of Person)

ESCARPIO & COMPANY LLC

(Name of Firm/Company)

9580 SW 107TH AVE STE 201

(Address)

MIAMI FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE ESCARPIO

(Name of Person)

at (**305**) **275-0055**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

15 DEC 11 AM 11:12

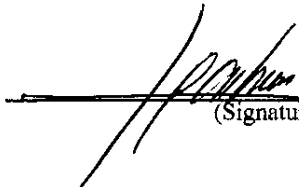
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MIGUEL RIVAS, hereby resign as PRESIDENT & DIRECTOR
(Title)

of DENTAL SPECIALISTS OF BROWARD GROUP CO.,
(Name of Corporation)

P13000011085, 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