

P13000040887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

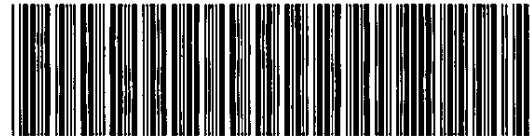
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900263644729

09/18/14--01015--018 \*\*105.00

*Resignation  
of officer*

FILED  
20H SEP 18 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DOOR  
9/24/14*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Opa Locka Dental Services Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000040887

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

Please return all correspondence concerning this matter to the following:

Olga Ramirez-Seijas

(Name of Person)

(Name of Firm/Company)

3020 SW 130 Ave

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Olga Ramirez-Seijas at ( 786 ) 351-2460

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

2014 SEP 18 PM 4:33

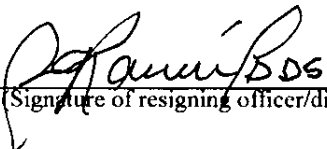
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Ignacio Ramirez, hereby resign President  
(Title)

of Opa Locka Dental Services Inc.  
(Name of Corporation)

P13000040887, 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