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PICK-UP WAIT MAIL								
(Business Entity Name)								
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TRANSMITTAL LETTER

SUBJECT: MAKEE DENTAL INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: P13 0000 883 9 3

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Roppy B. Languagan, Esc.
(Name of Person)

Languagan & Languagan, PL
(Name of Firm/Company)

831 WEST MOTSE BOWEUMEP
(Address)

WINTER PARK, FL. 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (407) 740-7379 (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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	AVA	MAG	EE	, hereby resign as_	SECRETARY (Til)	ANA le)	PRESIDENT
of	m	age e	DENTAL (Name of Co	INCOLPORATE	D		
	30000 E Document N		3 ,a	corporation organized ur	der the laws of the	State of	
	LORID	A	·				

(Signature of resigning officer/director)

AVA MAGEE

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