P1300098393

(R	Requestor's Name)	
(A	ddress)	· · · ·
(A	ddress)	
(C	City/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



500289959395

500289959395 09726/16--01017--024 **35.00

26 P 1: 43

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAMES MAGEE III	VICE PRES./DIRECTOR	
of MAGEE DENTAL IN	(1 me)	
(Name o	of Corporation)	
P13000088393	, 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAMES MAGEE III	, hereby resign as(Title)	
of MAGEE DENTAL I		
(Name	of Corporation)	
P13000088393	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