

P15 000026974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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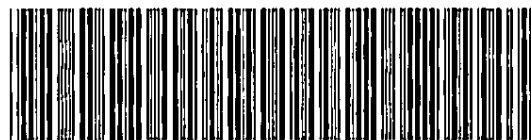
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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5/4/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dental Specialists of Orlando

(Name of Corporation)

DOCUMENT NUMBER: P15000026974

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

Please return all correspondence concerning this matter to the following:

Patricia A. Ouellette

(Name of Person)

Dental Specialists of Orlando

(Name of Firm/Company)

644 Donald Ross Way

(Address)

St Augustine, Florida 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Ouellette at (404) 983-2300

(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:

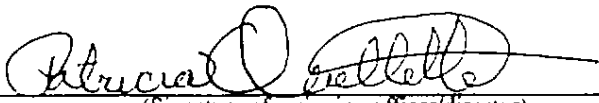
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Patricia A. Ouellette, hereby resign as Vice President
(Title)

of Dental Specialists of Orlando PA
(Name of Corporation)

P15000026974, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FL

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