

P15000072072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

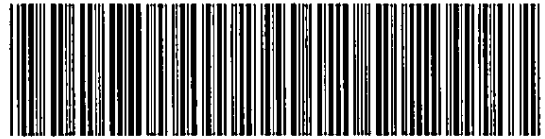
(Business Entity Name)

(Document Number)

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OCT 08 2018

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paradise Dental Care Inc
(Name of Corporation)

DOCUMENT NUMBER: P15000072072

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

Odalys Valenzuela

(Name of Person)

Paradise Dental Care Inc

(Name of Firm/Company)

4301 Palm Ave Ste # C

(Address)

Hialeah FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Odalys Valenzuela at (786-) 334-4486

(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
2018 OCT -5 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Mario Rodriguez, hereby resign as Vice President
(Title)

of Paradise Dental Care Inc
(Name of Corporation)

P15000072072, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mario Rodriguez
Digitally signed by Mario Rodriguez
DN: cn=Mario Rodriguez, o=Paradise Dental Care, ou
email=paradisedentalcare26@gmail.com, c-US
Date: 2018.10.01:13:09:13 -0400
(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