

P15000080731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
STATE OF CALIFORNIA

NOV 18 2016
J McNAIR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All in One Dental Services Inc.

(Name of Corporation)

DOCUMENT NUMBER: P15000080731

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

Please return all correspondence concerning this matter to the following:

Barbara Hernandez

(Name of Person)

Barbara Hernandez PA

(Name of Firm/Company)

5787-B NW 151 Street

(Address)

Miami Lakes, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Hernandez at 305 805-5099

(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

16 NOV 15 AM 9:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

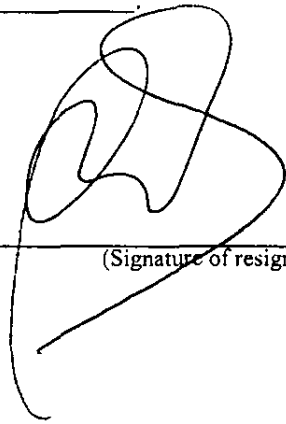
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

I, Iliana Hernandez, hereby resign as secretary
(Title)

of All In One Dental Services Inc.
(Name of Corporation)

P15000080731, 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