

P15000089215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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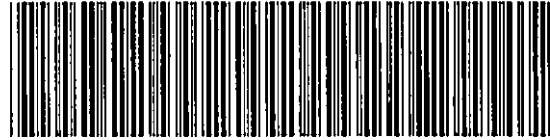
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN
SEP - 4 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINE DENTAL HEALTH, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P15000089215

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

Please return all correspondence concerning this matter to the following:

RAJIV PATEL
(Name of Person)

(Name of Firm/Company)

560 ESTATES PLACE
(Address)

LONGWOOD FL 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

RAJIV PATEL at (407) 461-9364
(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**

I, DARSHAN PATEL, hereby resign as PRESIDENT
(Title)

of PINE DENTAL HEALTH, P.A.
(Name of Corporation)

P15000089215, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

(Signature)
RATIV PATEL, TRUSTEE FOR
"DARSHAN RATIV PATEL REVOCABLE TRUST"
(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

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