

P160000007414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

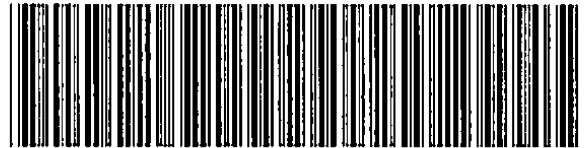
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400375811274

11/08/21--01012--019 **35.00

FILED
21 NOV -8 AM 9:58

T. LEMIEUX
NOV 29 2021

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rebecca Lenard DMD PA

(Name of Corporation)

DOCUMENT NUMBER: P16000007414

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

Please return all correspondence concerning this matter to the following:

Rebecca Lenard

(Name of Person)

Rebecca Lenard DMD PA

(Name of Firm/Company)

3220 S Dixie Highway Suite 101

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Lenard _____ at (_____) _____
(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, Howard Lenard, hereby resign as Vice President (VP)
(Title)

of Rebecca Lenard DMD PA
(Name of Corporation)

P16000007414, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Howard B. Lenard
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
21 NOV -8 AM 9:58

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314