

P20000003423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

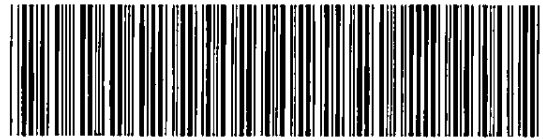
(Business Entity Name)

(Document Number)

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2023 NOV -3 AM 9:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

A. BUTLER

NOV 27 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rose Dental Center, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P20000003423

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Michael Gonzalez

(Name of Person)

Gonzalez Law Group

(Name of Firm/Company)

1000 Ashley Dr., Ste. 520

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Rose

(Name of Person) at (813-879-2778)
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2023 NOV -3 AM 9:27

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, of the
Florida Statutes, the undersigned, Michael Gonzalez, **SECRETARY OF STATE**
TALLAHASSEE, FL
(Name of Registered Agent)

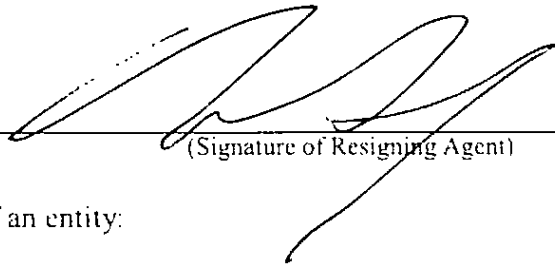
hereby resigns as Registered Agent for Rose Dental Center, P.A.
(Name of Corporation)

P20000003423

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Gonzalez Law Group

(Typed or Printed Name)

Director

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314