

P20660033629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

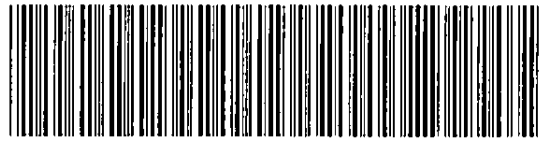
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900410941799

06/26/23--01021--010 **35.00

FILED
2023 JUN 26 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 14 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED DENTAL TRAINING CENTER
(Name of Corporation)

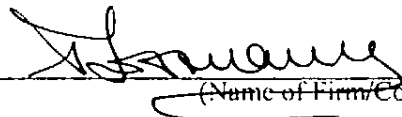
DOCUMENT NUMBER: P20000033629

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

Please return all correspondence concerning this matter to the following:

FRANCIS C. HOFFMANN DDS

(Name of Person)


(Name of Firm/Company)

515 SERMORAN BLVD SUITE 1000

(Address)

CASSELBERRY, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIS C. HOFFMANN DDS

(Name of Person)

at (321) 972-8458

(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**

FILED

2023 JUN 26 PM 12:54

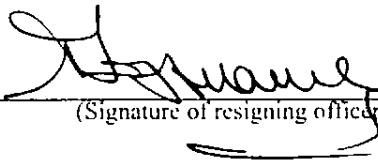
SECRETARY OF STATE
TALLAHASSEE, FL.

I, FRANCIS C. HOFFMANN, hereby resign as PRESIDENT
(Title)

of ADVANCED DENTAL TRAINING CENTER, INC
(Name of Corporation)

P20000033629, 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