## P93000028250

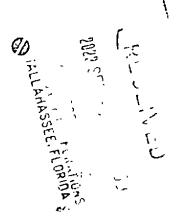
	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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2023 SEP -8 AM 10: 31



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

<del></del>	<del></del>	
LIMITED TO END	ODONICS-SOUTHWE	ST, P.A.
	-	<u> </u>
		<del></del>
Please Debit FCA000	0000003 For: <sup>35</sup>	
Thank you Seth Nee	ley	
1-4-1		
- Held		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1	7/	Fictitions Search
Signature		Fictitious Owner Search
		Vehicle Search
	<b></b>	Driving Record
Requested by:		UCC 1 or 3 File
		UCC    Search
Name	Date Time	UCC II Retrieval
Walk-In	Will Pick Up	

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUB.	LIMITED TO ENDODONT			
		(Name of	Согрога	ition)
DOC	UMENT NUMBER: P93000028	8250		
The e	nclosed Officer/Director Resig	nation for a Corp	poration	and fee are submitted for filing.
Pleas	e return all correspondence con	cerning this mat	ter to th	e following:
MAR	Y VLASAK SNELL			
	(Name of Perso	nn)		
PAVE	SE LAW FIRM			
	(Name of Firm/Con	npany)		
P.O. B	OX 1507			
	(Address)			
FORT	MYERS, FL 33901			
	(City/State and Zip	Code)		
For fi	urther information concerning t	his matter, pleas	e call:	
MAR	Y VLASAK SNELL	at (	39	336-6255
	(Name of Person)	at (	rea Code	& Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made	payable to the F	Florida I	Department of State.
	Mailing Address:	_	Street Ad	
	Amendment Section	1	LTTTCHM.	nent Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

WILLIAM D. MCGRADY	, hereby resign as(Title)			
<u> </u>		(Title)		
LIMITED TO ENDODONTICS				
<u> </u>	(Name of Corporation)	, <u></u> , ,		
P93000028250	, a corporation organized under the	laws of the State of		
(Document Number, if known	<u>n)</u>			
FLORIDA				
<u> </u>	(Signature of resigning officer director)	TALLATIASSEE FLORI		
	FILING FEE IS \$35.00	98. 3		

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

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