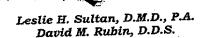
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Requester's Name



Comprehensive Oral & Maxillofacial Surgery Care

180-D S.W. 84th Avenue • Plantation, FL 33324

2480 E. Commercial Blvd. • Ft. Lauderdale, FL 33308

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2. (Corporation Name) 3.	(Document #) 900032706590 -05/30/0001114005 ******35.00 ******35.00
(Corporation Name)	(Document #)
(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS ☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other C C C C C C C C C C C C C C C C C C C

Examiner's Initials

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections $60/.0502(2)$, $61/.0502(2)$, $60/.1509$, or $61/.1509$,		
Florida Statute	s, the undersigned, Lestie H SUCTAN ODS	
	(Name of registered agent)	
hereby resigns	as Registered Agent for Bone Cral 1 May 1 1 4201 Suggests, (Name of corporation)	
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.		
	lake W Pitte	
(Signature of resigning agent)		
If signing on be	ehalf of an entity:	
	Lescie H Suctan DOS	
(Typed or Printed Name)		
_	Secy Transvers	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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