

P95000089842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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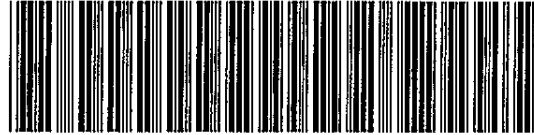
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32399

OFF. Resign
G. Cavallotto SEP 22 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alvarez & Alvarez Dental Office
(Name of Corporation)

DOCUMENT NUMBER: P950000089842

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

Please return all correspondence concerning this matter to the following:

Michelle Delgado
(Name of Person)

Alvarez & Alvarez
(Name of Firm/Company)

12550 Biscayne Blvd. #308
(Address)

N. Miami FL 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Delgado at (305) 893-1830
(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
409 E. Gaines Street
Tallahassee, FL 32399

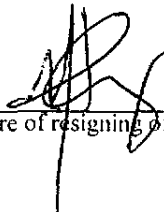
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Nolyris K. Alvarez, hereby resign as V. P.
(Title)

of Alvarez & Alvarez Dental Office,
(Name of Corporation)

PA5000089842, 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

FILED
04 SEP 15 PM 2:06
SECRETARY OF STATE
TALLAHASSEE

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

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