

P916000010959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

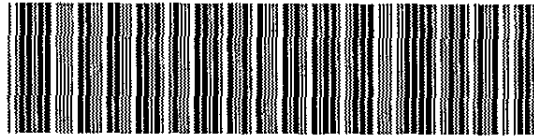
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300080554413

10/13/06--01042--005 **35.00

FILED
06 OCT 13 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AME DENTAL Laboratory INC
(Name of Corporation)

DOCUMENT NUMBER: P96000010959

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

Please return all correspondence concerning this matter to the following:

ANTONIO GUEVARA
(Name of Person)

(Name of Firm/Company)

620 S.W. 62nd CT
(Address)

MIAMI FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

FERNANDO R PALINZUELA at (305) 401-2185
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANTONIO GUEVARA, hereby resign as President
(Title)

of AME DENTAL LABORATORY INC.
(Name of Corporation)

P960000 10959, 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
06 OCT 13 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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