

P96000062938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

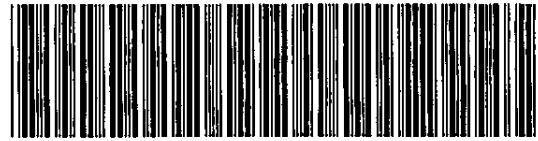
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silver STAR Dental Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 96000062938

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

Please return all correspondence concerning this matter to the following:

Peter NAKHLA
(Name of Person)

Silver STAR Dental Center
(Name of Firm/Company)

5028 Silver STAR Rd
(Address)

Orlando, FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. WAFIEN NAKHLA at (386) 882-2002/407-291-1997
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Peter NAKHLA, hereby resign as Manager
(Title)

of Silver STAR Dental Center, Inc
(Name of Corporation)

P960000 62938, a corporation organized under the laws of the State of
(Document Number, if known)

FL

Peter Nakhla 01/14/2017
(Signature of resigning officer/director)

FILED
2011 JAN 19 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FL 32310-1

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

NAKHLA