

P96000062938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

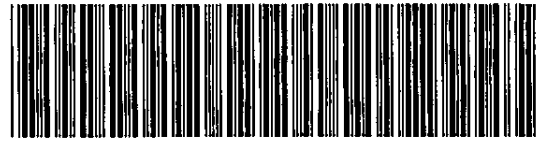
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200293483542

01/19/17--01009--016 \*\*70.00

FILED  
2017 JAN 19 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*maker*

**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