

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

MAY 14 2014

R. WHITE

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: WGRIZZARD@tampabay.fl.com

REGISTERED AGENT RESIGNATION  
WHITAKER, WEINTRAUB & GRIZZARD, M.D.S., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$140.00

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H14000114099 3

**COVER LETTER****TO:** Amendment Section  
Division of Corporations**SUBJECT:** WHITAKER, WEINTRAUB & GRIZZARD, M.D.S., P.A.  
(Name of Corporation)**DOCUMENT NUMBER:** P99000004758

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin Smith Aebel

(Name of Person)

Shumaker, Loop & Kendrick, LLP

(Name of Firm/Company)

101 East Kennedy Blvd. Suite 2800

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Erin Smith Aebel

(Name of Person)

at 813 229-7600

(Area Code &amp; Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

H14000114099 3

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Erin Smith Aebel

(Name of Registered Agent)

hereby resigns as Registered Agent for WHITAKER, WEINTRAUB & GRIZZARD, M.D.S., P.A.

(Name of Corporation)

P99000004758

(Document Number, if known)

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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

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(Typed or Printed Name)

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(Capacity)**Fee for filing this document:****\$87.50 - Active Corporation****\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation**

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

H14000114099 3