

P99000087021

(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



000159216530

08/05/09--01016--011 **35.00

FILED
09 AUG -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette

C.COULLIETTE

AUG 07 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Phoenix Dental Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000087021

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

Please return all correspondence concerning this matter to the following:

Lourdes Bana
(Name of Person)

Phoenix Dental Inc.
(Name of Firm/Company)

2645 SW 37 AVE, STE 303
(Address)

Miami FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Lourdes Bana at (305) 450-2939
(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, Lourdes Bana, hereby resign as Vice President/Secretary
(Title)

of Phoenix Dental Inc.
(Name of Corporation)

P99000087021, a corporation organized under the laws of the State of
(Document Number, if known)

Lourdes Bana
(Signature of resigning officer/director)

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

FILED
09 AUG -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA