

853174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

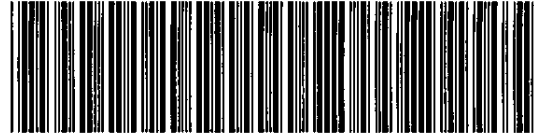
(Business Entity Name)

(Document Number)

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05/28/14--01016--004 **35.00

O/P
Resign

6-5-14

DC

14 MAY 28 PM 1:28

FILED

COGUN, INC.*"Building for Ministry since 1970"***11369 Market St. - P.O. Box 704****North Lima, Ohio 44452****(330) 549-5321 - FAX (330) 549-5328****LETTER OF TRANSMITTAL**

Date: 5/27/14	Job No.:
Attn:	
Re: <i>Resignation of Officer</i>	

TO: FL Department of State

Amendment Section

2661 Executive Center Circle

Tallahassee, FL 32301

WE ARE SENDING YOU

☐

Attached

☒

Via Fed Ex overnight the following items:

☐

Shop drawings

☐

Prints

☐

Plans

☐

Samples

☐

Specifications

☐

Copy of letter

☐

Change Order

☒

Other

COPIES	DATE	NO.	DESCRIPTION
1	5/27/2014		Transmittal Letter
1	5/27/2014		Officer/Director Resignation for a Corporation
1	5/27/2014		Check for Fee

THESE ARE TRANSMITTED as checked below:

☐

For approval

☐

Approved as submitted

☐

Resubmit _____ copies for approval

☒

For your use

☐

Approved as noted

☐

Submit _____ copies for distribution

☐

As requested

☐

Returned for corrections

☐

Return _____ corrected prints

☐

For review and comment

☐☐

FOR BIDS DUE _____

☐

Prints returned after loan to us

REMARKS

COPY TO:

SIGNED:

Jennie Couchenour

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cogun, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 853174

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

Please return all correspondence concerning this matter to the following:

Scott Couchenour

(Name of Person)

Cogun, Inc.

(Name of Firm/Company)

11369 Market St., PO Box 704

(Address)

North Lima, OH 44452

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennie Couchenour at (234) 759-4824
(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, William L. Couchenour, hereby resign as Director
(Title)

of Cogun, Inc.
(Name of Corporation)

853174, a corporation organized under the laws of the State of
(Document Number, if known)

Ohio


(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
14 MAY 28 PM 1:28