

L38092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

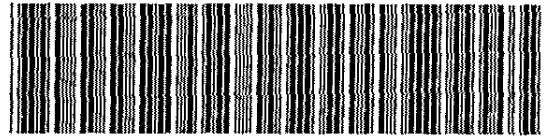
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer Resignation

T BROWN JUL 12 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBERT F. MAHONEY, P.A.

(Name of Corporation)

DOCUMENT NUMBER: L38092

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROBERT F. MAHONEY, CPA

(Name of Person)

ROBERT F. MAHONEY, P.A.

(Name of Firm/Company)

7777 GLADES ROAD, SUITE 209

(Address)

BOCA RATON, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

BOB MAHONEY, CPA at (561) 451-9990

(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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

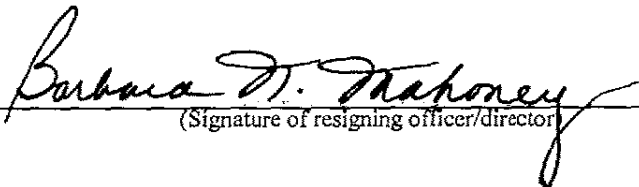
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BARBARA N. MAHONEY, hereby resign as DIRECTOR/VICE PRESIDENT
(Title)

of ROBERT F. MAHONEY, P.A.
(Name of Corporation)

L38092 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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