

N07 00000 1534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

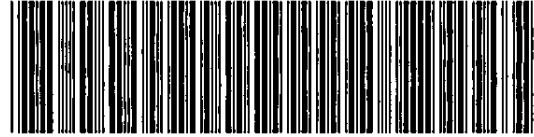
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300279408883

12/07/15--01023--002 \*\*35.00

15 DEC -7 PM 12:34  
PAID

DEC - 9 2015

C McNAIK

**TRANSMITTAL LETTER**

15 DEC -7 PM 12:35  
RECEIVED  
CORPORATION DIVISION

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE JOSEPH MEYERHOFF SENIOR CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO7000001534

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

Please return all correspondence concerning this matter to the following:

**Pat McNab**

(Name of Person)

**Colodny Fass, P.A.**

(Name of Firm/Company)

**1401 NW 136th Ave., Suite 200**

(Address)

**Sunrise, FL 33323**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Pat McNab**

(Name of Person)

at ( **954** ) **492-4010**

(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

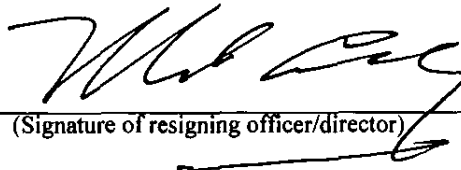
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Michael Colodny, hereby resign as Director  
(Title)

of The Joseph Meyerhoff Senior Center, Inc.  
(Name of Corporation)

NO7000001534, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

15 DEC -7 PM 12:35  
201 0000

**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