P05000057247

(Requestor's Name)		
(Ac	ddress)	
(Ac	idress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Off Resign Thews 2-4-09

COVER LETTER

TO: Amendment Section Division of Corporations

,	
SUBJECT: KOOPERSMITH-PB	C REALCORP INC. (Name of Corporation)
OOCUMENT NUMBER: P050	00057247
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Jeffrey M. Koopersmith	
(Name of Perso	on)
Koopersmith-PBC RealCorp.	
(Name of Firm/Cor	npany)
11592 SE Florida Ave	
(Address)	
Hobe Sound, FL 33455	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Diana Gallagher	at (561) 628-8249
(Name of Person)	at (at (
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	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_{I,} Jenna Gallagher	, hereby resign as Director
	(Title)
of KOOPERSMITH-PBC REALCORP, II	NC.
(Name of Corpo	ration)
P05000057247, a cor	poration organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314