

713700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

[Handwritten signature]

12/17/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGEN DAVID Congregation of SURFSIDE, INC.
(Name of Corporation)

DOCUMENT NUMBER: 713700

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

Please return all correspondence concerning this matter to the following:

ELI COHEN
(Name of Person)

MAGEN DAVID Congregation of SURFSIDE, INC.
(Name of Firm/Company)

9273 COLLINS AVE #105
(Address)

SURFSIDE, FL 33154
(City/State and Zip Code)

For further information concerning this matter, please call:

JACOB BAGDADE at (305) 528-2700
(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, Eli Cohen, hereby resign as PRESIDENT-DIRECTOR
(Title)

of MAGEN DAVID Congregation of SURFSIDE, INC.
(Name of Corporation)

713700, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
2009 DEC 16 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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