4221

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



400259241074

05/06/14--01013--013 **35.00

14 MAY -6 PH 12: 48

OD 1205 (105/14/14

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Double J of Broward, Inc. (Name of Corporation)
DOC	UMENT NUMBER: 614221
	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
	e return all correspondence concerning this matter to the following:
	chael Berger
	(Name of Person)
Ca	rpenter & Berger
	(Name of Firm/Company)
6400	N. Andrews Avenue, Suite 370
	(Address)
For	t Lauderdale, FL 33309
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Mic	chael Berger (Name of Person) at (954) 772-0127 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	mg Address: dment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} Nina Berger	Secretary and Treasurer
*,	(Title)
of Double J of Browar	d, Inc.
(Name	of Corporation)
614221 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	-
<u>Hen</u>	
	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