683740

DIVISION OF CORPORATIONS
2005 JAN 24 AM 8: 23

(Re	questor's Name)	
(Ad	dress)	
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(CIE	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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TRANSMITTAL LETTER

SUBJECT: DAVID S. ROSEN + ASSOCIATES, INC (Name of Corporation) DOCUMENT NUMBER: 683740 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: MARK L. ROSEN (Name of Person) DAVID G. ROSEN + ASSOCIATES INC (Name of Firm/Company) 2040 DEWEY STREET (Address) Hollywood, FL 33020	TO: Amendment Section Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: MARK L. ROSEN (Name of Person) THUD G. ROSEN & ASSOCIATES INC (Name of Firm/Company) 2040 DEWEY STEET (Address)	SUBJECT: DAVID S. ROSEN + ASSOCIATES, INC. (Name of Corporation)
Please return all correspondence concerning this matter to the following: MARK L. ROSEN (Name of Person) THUID G. ROSEN & ASSOCIATES INC (Name of Firm/Company) 2040 DEWEY STREET (Address)	DOCUMENT NUMBER: 683740
MARK L. ROSEN (Name of Person) THUID G. ROSEN + ASSOCIATES INC (Name of Firm/Company) 2040 DEWEY STREET (Address)	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
DAVID 9 ROSEN + ASSOCIATES INC (Name of Firm/Company) 2040 DENEY STREET (Address)	Please return all correspondence concerning this matter to the following:
DAVID 9 ROSEN + ASSOCIATES INC (Name of Firm/Company) 2040 DENEY STREET (Address)	MARK L. ROSEN
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	2040 DEWEY STREET
(City/State and Zip Code)	Hollywood, FL 33020 (Crty/State and Zip Code)
For further information concerning this matter, please call:	For further information concerning this matter, please call:
Mank Li Rogen at 784 252-9193 (Name of Person) Area Code & Daytime Telephone Number)	Mark L. Rogen at (784) 252-9193 (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

DIVISION OF CORPORATIONS
2005 JAN 24 AM 8: 23

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Navio S. Ro	SEN hereby resign as PRESIDE.	NT
(, ,	
	ROSENT ASSOCIATES In ame of Corporation)	<u>vc</u> ,
(Document Number, if known)	a corporation organized under the laws of the Sta	ne of
FLORIDA	· · · · · ·	٠

FILING FEE IS \$35.00

mature 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