

729335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

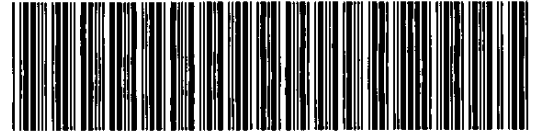
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700252285897

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2019 OCT -4 PM 10:46
TO KNOWLEDGE
SUFFICIENCY OF FILING

FILED
2019 OCT -4 PM 3:00
SECRETARY OF STATE
1 ABABEYER PL 9TH FLOOR
WASHINGTON DC 20540

O/D
Resign.
10/4/13
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 834588 7728786

AUTHORIZATION : *Holeman*

COST LIMIT : \$35.00

ORDER DATE : October 4, 2013

ORDER TIME : 9:43 AM

ORDER NO. : 834588-005

CUSTOMER NO: 7728786

OFFICER/DIRECTOR RESIGNATION

NAME: COUNCIL ON AGING OF MARTIN
COUNTY, INC.

XX OFFICER/DIRECTOR RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sheryl A Gibbs-EXT#52936

EXAMINER'S INITIALS: _____

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Council on Aging of Martin County, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 729335

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

Please return all correspondence concerning this matter to the following:

Katherine Woods

(Name of Person)

Ross Earle & Bonan PA

(Name of Firm/Company)

789 S Federal Hwy, Suite 101

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Woods

(Name of Person)

at (772) 287 1745

(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, Terisa L. Heine, hereby resign as Director
(Title)

of Council on Aging of Martin County, Inc.
(Name of Corporation)

729335, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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

FILED
19 OCT -4 PM 3:00
DEPT. OF STATE
TALLAHASSEE, FLA.