752060

, (R	equestor's Name)	
(A	ddress)	
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(,,	aurees,	
(C	ity/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
· (B	usiness Entity Nam	e)
(5	Monitors Entity Harri	<i>-</i> ,
(D	ocument Number)	
•		
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

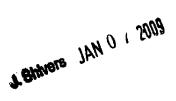
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TALLAHASSEE FLORIDA



COVER LETTER

Division of Corporations			
SUBJECT: Migdal David, Inc.			
(Name of Corp	oration)		
DOCUMENT NUMBER: 752060			
The enclosed Officer/Director Resignation for a Corporati	on and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
David A. Netburn, Esquire			
(Name of Person)	- -		
Rolnick & Netburn			
(Name of Firm/Company)	— = 1	C-3	
9734 W. Sample Road	SEC ALL/	2008 DEC	
(Address)	AHASSE	S	%ಗೀ ಪ್ರಗ್ನ ಬೆ ಕರ್ಗುಗಳ
Coral Springs, FL 33065	S) Zc M = C	29	Carrier .
(City/State and Zip Code)			Lancard Lancard F: 0
For further information concerning this matter, please call	9 A A A A A A A A A A A A A A A A A A A	MII: 5	
David A. Netburn, Esquire at (954	346-5001	5	
(Name of Person) (Area Co	de & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made payable to the Florida	a 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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Migdal David, Inc. (Name of Corporation) 752060 (Document Number, if known) Florida (Title) (Name of Corporation) , a corporation organized under the laws of the State of	Sheila Halpern	, hereby resign as	Secretary/Director		
(Name of Corporation) 752060		,	(Title)		
752060, a corporation organized under the laws of the State of Florida	of Migdal David, Inc.				
(Document Number, if known) Florida	(Name of Corpo	oration)			. '
	, a coi	rporation organized ur	nder the laws of the	he State of	
Ä. 20	Florida				
in C	<u>Jbella</u> (Signature	Halfern e of resigning officer/direc	ctor)	inc iu≪ •	1000

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