J19507

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE

Officer Resignation
TB 7/9/08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: 21st STREET OPER	RATING CORP
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: J195	507
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Michael Oz	
(Name of Pers	on)
21st STREET OPERATING CO	PRP
(Name of Firm/Co	mpany)
300 Arthur Godfrey Rd. suite 20	01A
(Address)	
Miami Beach, FL 33140	
(City/State and Zi	o Code)
For further information concerning	this matter, please call:
Michael Oz	at (305) 975-3110 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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

	R / DIRECTOR RESIGNATION TOR A CORPORATION TAIL AND THE SECOND TO SECOND T
I, Michael oz	, hereby resign as Vice president (Title)
of 21st STREET OPERATING	G CORP ame of Corporation)
J19507 (Document Number, if known)	, a corporation organized under the laws of the State of
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