## 569804

(Re	equestor's Name)	<u></u>
(Ac	dress)	
(Ac	ldress)	
, (Ci	ty/State/Zip/Phone	<i>⇒ #</i> )
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



04/11/06--01025--022 \*\*25.00









## COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	BIERMAN,	SHOHAT &			
<u> </u>			(Nam	e of Corporatio	n)

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

Please return all correspondence concerning this matter to the following:

DONALD I. BIERMAN

(Name of Person)

BIERMAN, SHOHAT & LOEWY P.A.

(Name of Firm/Company)

800 BRICKELL AVENUE PH-2 (Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeri Mitchellat ( 305 ) 358-7000(Name of Person)(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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



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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L	MICH	AEL A.	PIZZI	JR		hereby res	ign as	DIRECT	OR		• , .
-,		<u></u>				<b>,</b>			(Title	)	
of		BIERM	AN, SHO	HAT & LO							_ ,
<u>J69</u>	1804 (Docur	nent Numl	oer, if know	n)	a corpora	tion organi	ized unde	er the law:	s of the S	tate of	
F	LORID	A									
		_		MICHAE	L A. P]	signing offic			TALLAHASST	OF APR 11 FLORIDA	FILED
				FII	JNG FE	E IS \$35.0	90				

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314