

L52115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

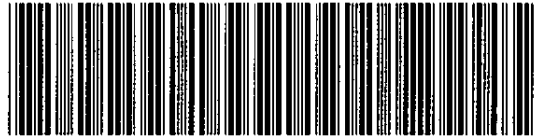
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0226 6/9/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John Wm. Cobb & Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: L52115

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

Please return all correspondence concerning this matter to the following:

Jennife Cobb miller
(Name of Person)

John Wm. Cobb & Associates, Inc.
(Name of Firm/Company)

3101 W. Michigan Ave.
(Address)

Pensacola, FL 32526
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Cobb miller at (850) 944-5503
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John Wm. Cobb, hereby resign as Director
(Title)

of John Wm. Cobb & Associates, Inc.
(Name of Corporation)

LS2115, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

John W. Cobb
(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