

L93654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

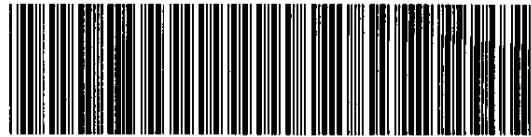
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
10 SEP 27 PM 12:09

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@ 9.28.10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COOKWORTH CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: L93654

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

Please return all correspondence concerning this matter to the following:

JOANN WORTHINGTON

(Name of Person)

COOKWORTH CORP dba THE ORIGINAL HOLIDAY

(Name of Firm/Company)

1313 N Alabama Av

(Address)

DeLand, FL 32724

(City/State and Zip Code)

For further information concerning this matter, please call:

JOANN WORTHINGTON at (386) 626-6990

(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, JOANN WORTHINGTON, hereby resign as Secretary/Officer Title D
(Title)

of COOKWORTH CORPORATION,
(Name of Corporation)

L93654, 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

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