

M53012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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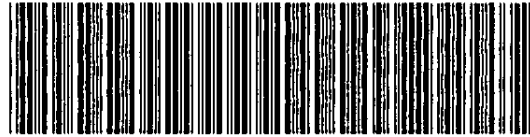
(Business Entity Name)

(Document Number)

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11 APR 18 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*44204*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARISAM-SAMUEL MEISEL (FL), INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** M53012

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

Please return all correspondence concerning this matter to the following:

HAROLD M. RIFAS, ESQ.

(Name of Person)

HAROLD M. RIFAS, P.A.

(Name of Firm/Company)

7900 RED ROAD #9

(Address)

SOUTH MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD M. RIFAS

(Name of Person)

at ( 305 ) 662-8814

(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**

**FILED**  
**11 APR 18 AM 9:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, PETER SENGELMANN, hereby resign as TREASURER/DIRECTOR  
(Title)

of CARISAM-SAMUEL MEISEL (FL) INC.  
(Name of Corporation)

M53012, 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