## M90974

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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## TRANSMITTAL LETTER

SUBJECT: Cooper City Health Foods, Inc.

(Name of Corporation)

DOCUMENT NUMBER: M90974

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

Please return all correspondence concerning this matter to the following:

Stuart A. Teller, Esq
(Name of Person)

Stuart A. Teller, P.A.

(Name of Firm/Company)

7320 Griffin Road, Suite 216

(Address)

Davie, Florida 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Stuart A. Teller, Esq.

(Name of Person)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Carla Fedoruk                      | Vice President and Director                            |
|------------------------------------|--|
| **                                 | (Title)  |
| of Cooper City Health              | Foods, Inc.  |
|                                    | Corporation)   |
| M90974 (Document Number, if known) | a corporation organized under the laws of the State of |
| Florida                            |  |
|                                    |  |
| Corle                              | Telarke  |

## 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 14 JUL 14 AH II: 36