

No4000011510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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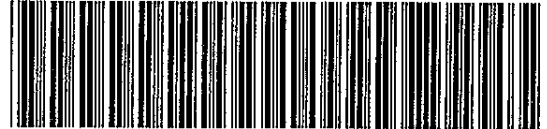
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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OFF. Resign

G. Connelley JAN 27 2005

FROM : LINDA BERNARD STUDIO

FAX NO. : 561 478 2631

Jan. 20 2005 02:00PM P1

TRANSMITTAL LETTER**TO:** Amendment Section
Division of Corporations**SUBJECT:** Resignation : Cures For Florida
(Name of Corporation)**DOCUMENT NUMBER:** NO4000011510

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

Please return all correspondence concerning this matter to the following:

Sabrina Cohen

(Name of Person)

Cures For Florida

(Name of Firm/Company)

2066 Cezanne Road

(Address)

West Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Art Brownstein

(Name of Person)

at (561) 351-8570

(Area Code & Daytime Telephone Number)

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**Street Address:**
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sabrina Cohen, hereby resign as Vice President
(Title)
of Cures For Florida
(Name of Corporation)
N04000011510, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

x Sabrina Cohen
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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