

NO 600000 4445

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

\_\_\_\_\_

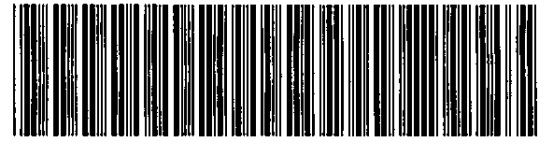
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JUN 20 2014

R. WHITE

14 JUN 12 11:30  
TALLAHASSEE, FL 32304

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Broward Academy, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N06000004445

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

Please return all correspondence concerning this matter to the following:

STEVEN COHEN

(Name of Person)

BROWARD ACADEMY INC

(Name of Firm/Company)

5850 SO. PINE ISLAND DRIVE

(Address)

DAVIE, FLORIDA 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN COHEN

(Name of Person)

at ( 954 ) 888-4726

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

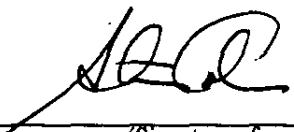
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Steven Cohen, hereby resign as a Director and from any officer position  
(Title)

of Broward Academy, Inc.  
(Name of Corporation)

N06000004445, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

14 JUN 10 11:11:35  
TALLAHASSEE, FL 32314

**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