

**NO8000005894**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

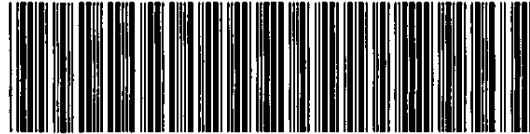
\_\_\_\_\_  
(Business Entity Name)

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

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**13 SEP 30 AM 10:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**C. LEWIS**  
**OCT 4 2013**  
**EXAMINER**

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Burry and Renee Honig Charitable Foundation, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO8000005894

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

Please return all correspondence concerning this matter to the following:

Jonathan Honig  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4263 NW 61<sup>st</sup> Lane  
(Address)

Doca Raton, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Honig at ( 561 ) 409-2047  
(Name of Person) (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**

**FILED**

13 SEP 30 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Alan S. Honig, hereby resign as President  
(Title)

of Barry and Reese Honig Charitable Foundation, Inc.  
(Name of Corporation)

NO8000005894, 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