Ulloat

(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:			
JUN 20 ZOZA			
2024			

Office Use Only



600430586546

06/04/21--01016--024 *#35.00

2024 JUT -4 ET 4: 17

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
COOPPA, INC.		
50000001.	(Name of Corporation)	
DOCUMENT NUMBER: N11627	<u>.</u>	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Janet Levin		
(Name of Person)		
COOPPA, INC.		
(Name of Firm/Company)	
13550 SW 10th Street		
(Address)		
Pembroke Pines, Fl 33027		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Janet Levin	954 435-6001	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303	

Florence Altfield	VP	
I	, hereby resign as	(Title)
		(Tine)
COOPPA, INC.		
of	me of Corporation)	
(:***	nk of corporation)	
N11627	the	James of the State of
(Document Number, if known)	, a corporation organized under the	raws of the State of
·		
Florida		
<u> </u>	·	

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