

N130000005454

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

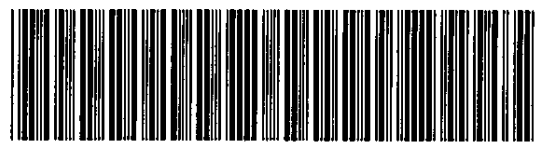
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



900260730409

06/03/14--01014--009 \*\*105.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUN -3 PM 1:55

*Off/Dir Presign*

JUN 13 2014  
T. CARTER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wearable Artificial Kidney Foundation, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N13000005454  
\_\_\_\_\_

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 A. Frankel

\_\_\_\_\_  
(Name of Person)

Steven A. Frankel, P.A.

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

3660 Washington Lane

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

Cooper City, Florida 33026

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven A. Frankel

954

432-2200

at ( )

\_\_\_\_\_  
(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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


14 JUN -3 PM 1:55

I, Bella Orion, hereby resign as Treasurer  
(Title)

of Wearable Artificial Kidney Foundation, Inc.  
(Name of Corporation)

N13000005454

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUN -3 PM 1:55