## MNaccisson

(Requestor's Name)							
(roquosidi o riumo)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
57.00							
Special Instructions to Filing Officer:							

Office Use Only



200302876092

08/28/17--01013--018 \*\*70.00

SECRETARY OF 31ATE

AUG 2 9 2017 S. YOUNG

## TRANSMITTAL LETTER

SUBJECT: THE SIERRA JACOB FOUNDATION INC (Name of Corporation)
DOCUMENT NUMBER: N 1 700000 8 360
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
RAYMOND COOPER (Name of Person)
(Name of Firm/Company)
7091 NW 63 WAY (Address)
PARKLAND, FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
RAYMOND COOPER at (954) 461-3628 (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

**TO:** Amendment Section Division of Corporations

. **k** 

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	RAYM	ond co	OPER, here	by resign as	G, E, N, E (Title)	<u>-                                      </u>
of	THE S	SIERRA (Name	JACOB cof Corporation)	FOUN	DATION	INC
	(Document Num	00 8360 nber, if known)	, a corporation o	organized unde	er the laws of the Sta	ite of
	FLORIC	>A	_ <del>.</del>			
		Q	l			

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

RAYMOND COOPER

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314