1127941

(Reques	stor's Name)	,		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Chabad of Pinellas	County
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: N27	7941
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Steven M. Cohen	
(Name of Pe	rson)
•	
(Name of Firm/C	Company)
125 Carlyle Circle	
(Address	
Palm Harbor, FL 34683	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Steven M. Cohen	at (727) 784-8546
(Name of Person)	at (727) 784-8546 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Steven M. Cohen	, hereby resign as PD (Title)	
of Chabad of Pinellas County THO	·	,
N27941 , a (Document Number, if known)	corporation organized under the laws of the State of	
Florida	SECRETARY OF STATE SECRETARY OF STATE AND STATE FLORIDA ture 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