(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Ci	ty/State/Zip/Phone	(**)			
PICK-UP	☐ WAIT	MAIL .			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Chabad of Pinellas County, Inc. (Name of Corporation)
DOCUMENT NUMBER: N 27941
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following: Charles Katz (Name of Person)
(Name of Firm/Company)
8/1 New Jork Aue 106
Dunedin Florida 34698 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Ka+2 at (727) 687-2326 (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Charles	Kat2	, hereby resign as	Director (Title)	· · · · · · · · · · · · · · · · · · ·
of Chabad	of Pinel	las County	INC	,
N 27941 (Document Number, if	(Name of Corpor	vation) poration organized under	er the laws of the State	e of
Florida				
	Auls/16 (Signature	of resigning officer/director	SECRETARY OF STA	

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