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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

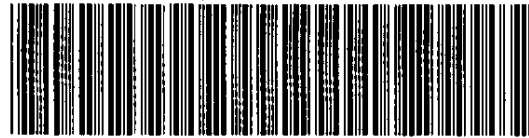
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

CHABAS OF PINELLAS COUNTY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:**

N27941

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEON KREISLER  
(Name of Person)

(Name of Firm/Company)

1000 ROYAL BIRKDALE DR.  
(Address)

TARPON SPRINGS, FL. 34688  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEON KREISLER  
(Name of Person)

at (727) 943-0007  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

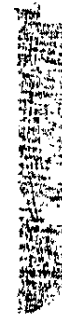
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LEON KREISLER, hereby resign as V DIRECTOR  
(Title)

of CHABAD OF PINELLAS COUNTY, INC.  
(Name of Corporation)

N27941, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Leon Kreiser  
(Signature of resigning officer/director)



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**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