

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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FILED

SECRETARY OF STATE
AND ANASSEE, FLORIDA

DIDAC

SEP 23 2013

R. WHITE

TRANSMITTAL LETTER

SUBJECT: Brevard Jewish Community School. Inc.

(Name of Corporation)

DOCUMENT NUMBER: N9600000528

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Sarah I. Kodsi

(Name of Person)

Brevard Jewish Community School, Inc.

(Name of Firm/Company)

5995 N. Wickham Road

Melbourne, FL. 32940

(City/State and Zip Code)

(Address)

For further information concerning this matter, please call:

Sarah I. Kodsi 321 ,751-78

(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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{ı,} Sarah I. Kodsi | , hereby resign a | v.P., Treasurer, Director, and Officer reby resign as | | | |
|-------------------------------------|--------------------------------------|---|--------------|------------|-----------------|
| D | " 0 1 | ` | Title) | | |
| of Brevard Jewish Co | ommunity School | ol. Inc. | | | _, |
| N9600000528 | , a corporation organized t | under the laws of th | ne State | of | |
| (Document Number, if known) Florida | | | | | |
| | | , | SEC | 3 . | |
| | 1 | | AH T | SEP | $\dot{\exists}$ |
| | | | HASS. | <u>5</u> | i Tig |
| | 11/6 | | FE | - TO | |
| | (Signature of resigning officer/dire | ector) | | 3: 54 | |

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