

N98000003070

(Requestor's Name)

Lili Perski
1604 Brookhaven Rd.
Wynnewood, Pa 19096

(Address)

(City/State/Zip/Phone #)

☐

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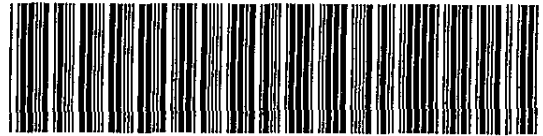
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Jacob and Malka Goldfarb Charitable Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 1198000003070

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

Please return all correspondence concerning this matter to the following:

Lili Perski
(Name of Person)

The Jacob and Malka Goldfarb Charitable Foundation, Inc.
(Name of Firm/Company)

1604 Brookhaven Rd.
(Address)

Wynnewood, PA 19096
(City/State and Zip Code)

For further information concerning this matter, please call:

Lili Perski at (610) 642-4895
(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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Malka Goldfarb, hereby resign as Director
(Title)

of The Jacob and Malka Goldfarb Charitable
(Name of Corporation) Foundation, Inc.

N98000003070, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Malka R. Goldfarb
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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