

19900003838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

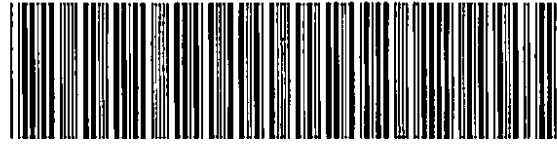
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305654093

11/16/17--01031--012 **35.00

FILED
NOV 16 P 5:32
FLORIDA SECRETARY OF STATE

67

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BULLDOGS - A SPECIAL NEEDS ORGANIZATION, INC
(Name of Corporation)

DOCUMENT NUMBER: N99000003838

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

Please return all correspondence concerning this matter to the following:

MICHELLE LEONARDO, PRESIDENT
(Name of Person)

(Name of Firm/Company)

8433 ROYAL PALM BLVD
(Address)

CORAL SPRINGS, FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

AS ABOVE at (954) 937-0967
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERT H. COHEN, hereby resign as TREASURER
(Title)

of THE BULL DOGS - A SPECIAL NEEDS ORGANIZATION, INC.
(Name of Corporation)

N99200003838, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature 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

EXLANTASSIST-FLO/ST/CA

NOV 16 P 5:32

FILED