

179900003838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

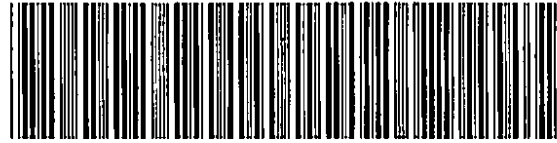
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

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## 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)

N99000003838, 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

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TALLAHASSEE, FLORIDA

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