N99000006877

| (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: | | |
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Office Use Only



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TRANSMITTAL LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Beth Sar Shalom Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: <u>N99000006877</u>

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

Please return all correspondence concerning this matter to the following:

Harold Rosin

(Name of Person)

Beth Sar Shalom Florida Inc.

(Name of Firm/Company)

5804 Strawberry Lakes Circle

(Address)

Lake Worth FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Harold Rosin

₌₁,561 ,232-043*1*

(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

| Derek Blumenthal | hereby resign as | |
|--|---|--|
| | (Title) | |
| of Beth Sar Shalom Florida, Inc. (Name of Corporation) | | |
| (Name of Corpor | ation) | |
| N9900006877 (Document Number, if known) | poration organized under the laws of the State of | |
| Florida | | |

Derek Blumenthal Digitally signed by Derek Blumenthal Date: 2017.06.21 10:23:20 -04'00'

(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