

PO10000/6496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

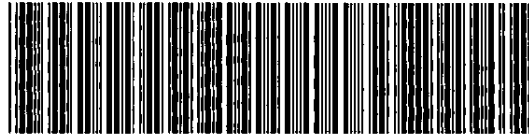
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUN - 7 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kogen Construction, INC
(Name of Corporation)

DOCUMENT NUMBER: PO 10000 16 496

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

Please return all correspondence concerning this matter to the following:

Julie Miller
(Name of Person)

Kogen Construction, INC
(Name of Firm/Company)

6775 Newport Lake CR.
(Address)

Boca Raton, FL, 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Miller at (561) 988-1075
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Howard Kogen, hereby resign as officer / director
(Title)

of Kogen Construction, INC
(Name of Corporation)

P01000016496, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

x 
(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

10 JUN - 7 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA