

PD10000062556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

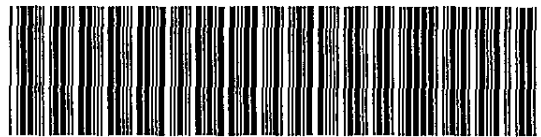
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700024631677

11/17/03--01037--011 \*\*35.00

FILED  
03 NOV 17 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OD/Res  
(10) 11/19/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AWAD OF BOYNTON BEACH, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000062556

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

Please return all correspondence concerning this matter to the following:

ABRAHAM AWAD

(Name of Person)

(Name of Firm/Company)

6295 LAKE WORTH RD

(Address)

LAKE WORTH, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

ABRAHAM AWAD

(Name of Person)

at ( 561 ) 434-1437

(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

FILED  
03 NOV 17 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ABDEL AWAD, hereby resign as SEC/TREAS  
(Title)

of AWAD OF BOYNTON BEACH, INC  
(Name of Corporation)

P01000062556, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
03 NOV 17 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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