

P02000040828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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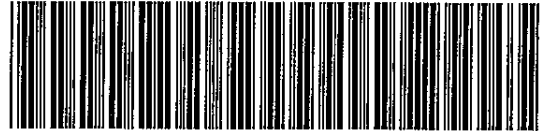
(Business Entity Name)

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04 APR 26 PM 4:30
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

FILED
04 APR 26 PM 4:30
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Alcoba Edson, P.A.
(Name of Corporation)

DOCUMENT NUMBER: PD2000040828

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

Please return all correspondence concerning this matter to the following:

LAURENCE J. EDSON
(Name of Person)

ALCOBA EDSON, P.A.
(Name of Firm/Company)

2450 Sheridan ST
(Address)

Hollywood, FL 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurence J. Edson at (305) 606-2589
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 APR 26 PM 4:30
TALLAHASSEE, FLORIDA

I, Ruben Y. Alcoba, hereby resign as President
(Title)

of ALCOBA EDSON, P.A.
(Name of Corporation)

PO2000040828, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Ruben Y. Alcoba
(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