

PO 2000112514

(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



000054900570

05/23/05--01043--002 \*\*35.00

FILED  
05 MAY 23 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*07/8 Resegni*  
C. Coulllette MAY 26 2005



# GRIFFIN & ASSOCIATES

1000 West McNab Road

**TRANSMITTAL LETTER**

*Suite 150  
Pompano Beach, Florida 33069*

954-582-9100 866-664-5528

Fax: 954-582-9101

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Griffin & Associates of South Florida Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000112514

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

Please return all correspondence concerning this matter to the following:

M. Perez

(Name of Person)

Griffin & Associates of South Florida Inc.

(Name of Firm/Company)

1000 W. McNab Road Suite 150

(Address)

Pompano Beach, Florida 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Perez

(Name of Person)

at ( 954 ) 582-9100

(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



# GRIFFIN & ASSOCIATES

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

*Site 150  
Pompano Beach, Florida 33069  
954-582-9100 866-664-5528  
Fax: 954-582-9101*

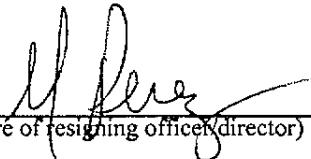
I, M. Perez, hereby resign as director/president  
(Title)

of Griffin and Associates of South Florida, Inc.  
(Name of Corporation)

P02000112514, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

FILED  
05 MAY 23 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, 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