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SECRETARY OF STATES
TALLAHASSEE FLORIDA
TALLAHASSEE FLORIDA

DIXES 10/19/10

COVER LETTER

SUBJECT: GRIFFID AND ASSOCIATES OF South Florida INC (Name of Corporation)
DOCUMENT NUMBER: PO20001/2514
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
GRIFFIND And ASSOCIATES OF S. FLINE (Name of Firm/Company)
1000 West McNab Road # 150 (Address)
Pomparer Beach FL 33069 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 643-9853 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	A. Couzmani	, hereby resign	n as	direct (Tit	torz_	
of	Griffin and (Name o	Associates fCorporation)	of '	South F	Loridata	je,
<u>P</u>	(Document Number, if known)	, a corporation organized	d under	the laws of the	State of	
		M.S.			4	SEC
	(Si	gnature of resigning officer/o	director)		S OK	語

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