P05000029991

(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



100078711961

U8/21/06-01014--004 **35.00

OG AUG 21 PM 3: 14
SELAHASSEE, FLORIBA

OID Res.

26

COVER LETTER

•
SUBJECT: KOCINA KOCINA INC. (Name of Corporation)
DOCUMENT NUMBER: PO 5 0000 29991
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADAM BERTHIAUME (Name of Person)
KociNA KociNA; INC- (Name of Firm/Company)
2004 BRIDGE WOOD DRIVE (Address)
BOCA RATON, FL 33434 (City/State and Zip Code)
For further information concerning this matter, please call:
ADAM BEATH AUME at 305 389-0878 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	I, BEED PIANO, hereby resign as OFFICER NIRECTOR
	of Kocina Kocina, NC. (Name of Corporation)
Po	50007999, a corporation organized under the laws of the State of (Document Number, if known)
	Florida.
	(Signature of regigning 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