

P05000034652

(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



400058570044

08/29/05--01023--026

FILED

05 AUG 29 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN AUG 31 2005

Officer Resignation

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Okane Adoptions of FL, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PD50000 34652

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

Please return all correspondence concerning this matter to the following:

Deb Okane  
(Name of Person)

Okane Adoptions of FL, Inc  
(Name of Firm/Company)

43901 Inequality Ct  
(Address)

Ashburn VA 20147  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deb Okane at (703) 615-3199  
(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  
05 AUG 29 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Diane Rosenthal, hereby resign as Secretary  
(Title)  
of O'Kane Adoptions of Florida, Inc.  
(Name of Corporation)

PO5000034652, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Diane Rosenthal  
(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