

PO50000 63962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

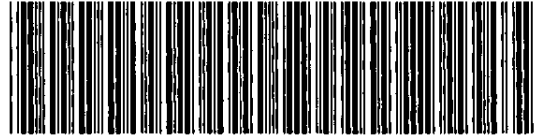
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 28 2012

T. LEMIEUX

PO

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOGIN ANTOINE, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000063962

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

Please return all correspondence concerning this matter to the following:

**JEAN FELDER LOUIS**

(Name of Person)

**MOGIN ANTOINE, PA**

(Name of Firm/Company)

**4997 SW 162nd Avenue**

(Address)

**Miramar, FL 33027**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MOGIN ANTOINE, MD** at **786** **252-2440**  
(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

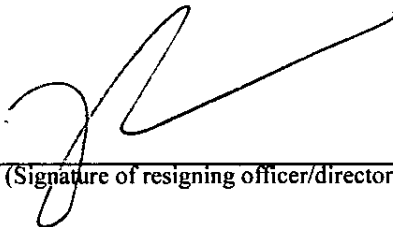
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JEAN FELDER LOUIS, hereby resign as DIRECTOR  
(Title)

of MOGIN ANTOINE, PA  
(Name of Corporation)

P05000063962, a corporation organized under the laws of the State of  
(Document Number, if known)

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

**FILED**  
**12 NOV 26 PM 6:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**