

P05000073627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

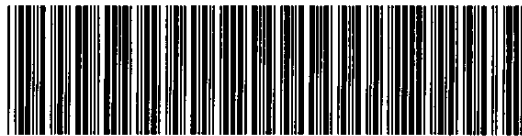
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200114758682

01/22/08--01047--009 **35.00

FILED

08 JAN 22 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD 2007
125-00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPRIEN, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000073627

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

Please return all correspondence concerning this matter to the following:

OLIVER J. LANGSTADT, ESQ.

(Name of Person)

LANGSTADT PAULY CHARTERED

(Name of Firm/Company)

815 Ponce de Leon Blvd.

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Oliver J. Langstadt, Esq. _____ at (305) 648-3909
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BEVERLYN COOKE, hereby resign as OFFICER
(Title)

of CAPRIEN, INC.
(Name of Corporation)

P05000073627, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
08 JAN 22 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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