

POS000089655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

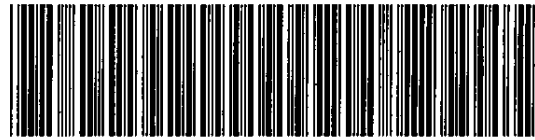
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300105822753

*Off Resign
News*

07/16/07--01043--017 **35.00

2007 JUL 16 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Feldman Factor, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000089655

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

Please return all correspondence concerning this matter to the following:

ARIEL FELDMAN

(Name of Person)

THE FELDMAN FACTOR, INC.

(Name of Firm/Company)

P. O. BOX 14909

(Address)

NORTH PALM BEACH, FLORIDA 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

ARIEL FELDMAN at (561) 827-8226
(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**

FILED

2007 JUL 16 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, DOREEN IORIO, hereby resign as Director
(Title)

of The Feldman Factor, Inc.
(Name of Corporation)

P05000089655, 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