

PD5000120375

(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



500264893725

10/07/14--01024--003 **35.00

14 OCT - 7 PM 12:22
DIVISION OF CORPORATIONS
STATE OF MISSISSIPPI

C. Lewis
10-16-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cooke Family Industries, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000120375

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

Please return all correspondence concerning this matter to the following:

Alan Cooke

(Name of Person)

Cooke Family Industries, Inc.

(Name of Firm/Company)

17260 Gulf Pine Cir

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Cooke

(Name of Person)

at (561) 319-3470

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

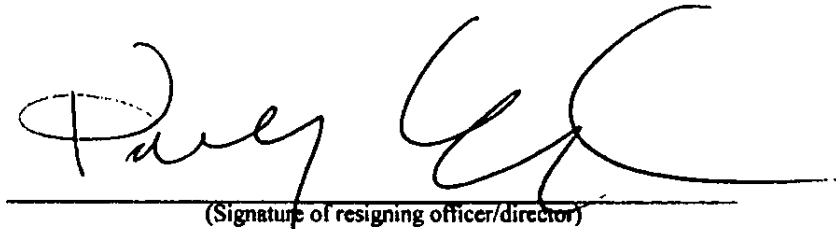
14 OCT -7 PM 12:23

I, Kathy Cooke, hereby resign as VP, Director
(Title)

of Cooke Family Industries, Inc.
(Name of Corporation)

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

P05000120375


(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