

PD 4000016512

(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



600074580806

05/15/06--01028--023 **35.00

FILED
06 MAY 15 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Res 5/15/06
CM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COBB DEPOT, INC
(Name of Corporation)

DOCUMENT NUMBER: PO6000016512

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

Please return all correspondence concerning this matter to the following:

CHRIS HOLLOWAY
(Name of Person)

COBB DEPOT, INC
(Name of Firm/Company)

4237 NW 7th PL
(Address)

DEERFIELD BCH FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS HOLLOWAY at (954) 4275202
(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

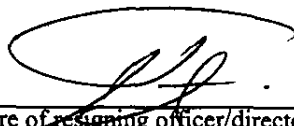
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARCOS A ORTEGA, hereby resign as TRES
(Title)

of COBB DEPOT, INC
(Name of Corporation)

PO6000016512, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
06 MAY 15 PM 1:43
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