P06000100978

(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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FILED
2008 JUL 21 AM 8: 31
SECRETARY OF STATE

officer Resignation
TB 7/24/08

COVER LETTER

Same 2

TO: Amendment Section Division of Corporations
SUBJECT: COTAL Springs Reserveding Inco (Name of Corporation)
DOCUMENT NUMBER: PO6000100978
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jeffrey Leffowitz (Name of Person)
COTAL Springs Resultering Inc. (Name) of Firm/Company)
9127 Rutkdae Ave (Address)
Bock Restor FL. 33434 (City/State and Zip Code)
For further information concerning this matter, please call:
Dy Av Rand at (954) 657-3110 (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

1, Jeffrey Lefkouitz, hereby resign as vice presid	ent /treasur (Title)	<u>u</u>
of Coral Springs Re-screening, Inc.		_ >
P06000 00 9 78, a corporation organized under the laws of (Document Number, if known)	the State of	
Florida		
(Signature of resigning officer/director)	2000 JUL 21 AH 8: 31 SECRETARY OF STATE TALLAHASSEE. FLORID	FILED

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