

FD6000/304/2

(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



700102298737

05/14/07--01072--005 **35.00

FILED

07 MAY 14 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signatures and initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABCO Technologies, Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000130412

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

Please return all correspondence concerning this matter to the following:

Shimon Cohen
(Name of Person)

~~ABCO Technologies, Inc~~
(Name of Firm/Company)

5324 Washington Rd.
(Address)

Delray Beach, FL 33484
(City/State and Zip Code)

For further information concerning this matter, please call:

Shimon Cohen at (561) 703-7583
(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, Shimon Cohen, hereby resign as VP (Title)

of ABCO Technologies, Inc.
(Name of Corporation)

P06000130412, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
07 MAY 14 PM 2:12
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