Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone

: (212)431-5000

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Em o	47	Address

## REGISTERED AGENT RESIGNATION COHEN'S FASHION OPTICAL OF BROWARD, INC.

Certificate of Status	0
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: COHEN'S FASHION OPTICAL OF BROWARD, INC.
(Name of Corporation)  DOCUMENT NUMBER: P07000008760
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie Wright
(Name of Porson)
BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, N.Y. 10013  (City/State and Zip Code)
For further information concerning this matter, please call:
Stephanie Wright at (800 ) 221-2972 ext. 552
(Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1 minum to the provisions of sociality and in 10002(2), 017.0002(2), 007.1009, 01 017.1009,
Florida Statutes, the undersigned, Blumberg Excelsior Corporate Services, Inc.
(Name of Registered Agent)
COHEN'S FASHION OPTICAL OF BROWARD, INC.
hereby resigns as Registered Agent for (Name of Corporation)
P0700008760
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
Marc D. Moel
(Typed or Printed Name)
Asst. Secretary
(Capacity)

**Ree for filing this document:**\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314