

PD7000089639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

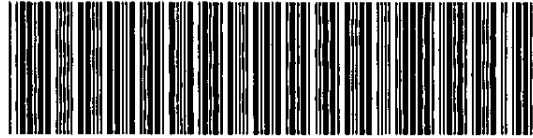
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAY 9 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Law Offices of William R. Cohen PA
(Name of Corporation)

DOCUMENT NUMBER: P07000089639

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

Please return all correspondence concerning this matter to the following:

William Peterfriend

(Name of Person)

Law Offices of William R. Cohen PA

(Name of Firm/Company)

1900 NW Corp Blvd W410

(Address)

Boca Raton FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

William Peterfriend at **561 4516880**

(Name of Person)

(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**

APPROVED
AND
FILED

14 APR 29 PM 2: 32

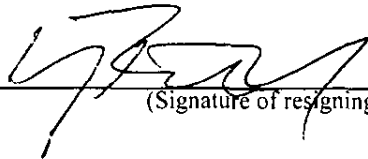
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, william j peterfriend, hereby resign as Vice President (never aware I was ever one)
(Title)

of Law Offices of William R. Cohen PA,
(Name of Corporation)

P07000089639, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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