

PD90000 71577

(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



000265717940

10/23/14--01008--017 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 23 PM 3:39

NOV 06 2014

T. CARTER

OLD Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JABS INSURANCE INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000071577

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

Please return all correspondence concerning this matter to the following:

ARNOLD COHEN
(Name of Person)

JABS INSURANCE, INC.
(Name of Firm/Company)

1002 E. NEWPORT CENTER DR. STE. 200
(Address)

DEERFIELD BEACH, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF COHEN at (954) 363-7101
(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


14 OCT 23 PM 3:39

I, ARNOLD COHEN, hereby resign as PRESIDENT
(Title)

of JABS INSURANCE, INC.
(Name of Corporation)

PO9000071577, 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