

P110000002207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

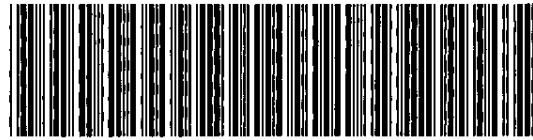
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700227842467

04/09/12--01016--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -9 AM 9:40

OD / Res
@ 4/10/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE COCHRAN FIRM PALM BEACH, PA
(Name of Corporation)

DOCUMENT NUMBER: P11000002207

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

Please return all correspondence concerning this matter to the following:

Carol Anne Plowman

(Name of Person)

THE COCHRAN FIRM PALM BEACH, PA

(Name of Firm/Company)

801 Northpoint Parkway Suite 33

(Address)

West Palm Beach, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Anne Plowman

(Name of Person)

at (561) 275-2755

(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

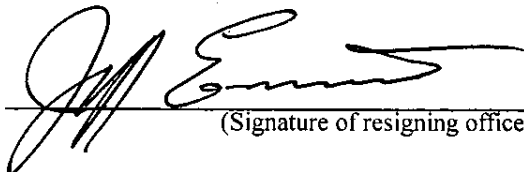
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jeff Eannarino, hereby resign as VP
(Title)

of THE COCHRAN FIRM PALM BEACH, PA
(Name of Corporation)

P11000002207, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR - 9 AM 9:40