

P13000025567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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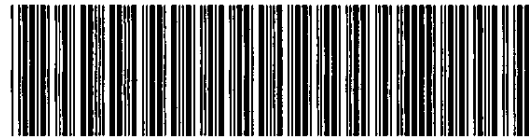
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 23 2013

EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BIG CITY MATTRESSES INC**

(Name of Corporation)

DOCUMENT NUMBER: **P13000025567**

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

Please return all correspondence concerning this matter to the following:

LESLIE E DOLIN

(Name of Person)

LESLIE E DOLIN CPA

(Name of Firm/Company)

5285 SW 38 AVE

(Address)

FORT LAUDERDALE, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

LESLIE E DOLIN

(Name of Person)

at **954 965-4666**

(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

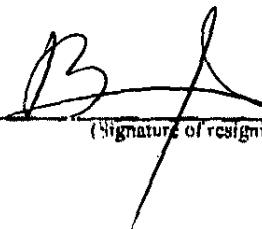
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

of BIG CITY MATTRESSES INC
(Name of Corporation)

P13000025567
(Document Number, if known) a corporation organized under the laws of the State of

FLORIDA


(Signature of resigning officer/director)

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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