

P170000009359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JM KOSLOW INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000009359  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JEFFREY KOSLOW  
\_\_\_\_\_

(Name of Person)

JM KOSLOW INC  
\_\_\_\_\_

(Name of Firm/Company)

17335 SANTALUCE MANOR  
\_\_\_\_\_

(Address)

BOCA RATON, FL 33496  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD KOSLOW \_\_\_\_\_ at (561-379-439)  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

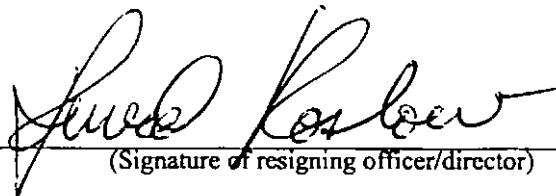
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HOWARD KOSLOW, hereby resign as AUTHORIZED AGENT  
(Title)

of JM KOSLOW INC  
(Name of Corporation)

P17000009359, 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