

P92000018573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

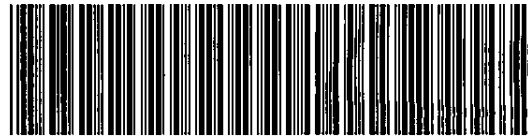
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV -4 AM 10:40

*C. Coulliette*  
C.COULLETTE

NOV 05 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bard & Associates, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P92000010573

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

Please return all correspondence concerning this matter to the following:

Michael Fernandez

(Name of Person)

Bard & Associates, Inc.

(Name of Firm/Company)

13014 N Dale Mabry #143

(Address)

Tampa, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Fernandez

(Name of Person)

at ( 305 ) 691-1122

(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

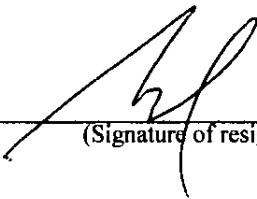
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Spencer Bard, hereby resign as Director & ALL OFFICES HELD.  
(Title) *SD*

of Bard & Associates, Inc.  
(Name of Corporation)

P92000010573, 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

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DIVISION OF CORPORATIONS  
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