

P94000057411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

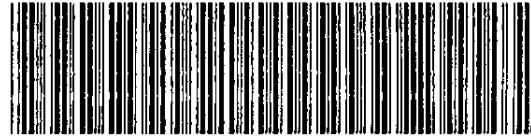
(Business Entity Name)

(Document Number)

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11 MAR 14 PM 3:19

O/D Resign.

3/18/11

DL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.F.A.R., INC.
(Name of Corporation)

DOCUMENT NUMBER: P94000057411

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

Please return all correspondence concerning this matter to the following:

ELIZABETH MEINERT

(Name of Person)

(Name of Firm/Company)

173 COVE LOOP DR

(Address)

MERRITT ISLAND, FL 32953

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH MEINERT

(Name of Person)

at (321) 452-9257

(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, ROLF M MEINERT, hereby resign as PRESIDENT
(Title)

of C.F.A.R., INC.
(Name of Corporation)

P94000057411, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

m r m meit
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
11 MAR 14 PM 3:19

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314