

P95000013910

(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

OD/Res
@ 8/22/07



300108101553

UP/20/07--01014--013 **35.00

FILED
SECRETARY OF STATE
07 AUG 20 PM 3:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOANN PLOTKIN PA
(Name of Corporation)

DOCUMENT NUMBER: P-95-0000 13910

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

Please return all correspondence concerning this matter to the following:

JOANN PLOTKIN
(Name of Person)

THE PLOTKIN TEAM PA
(Name of Firm/Company)

13111 SE 86TH Circle
(Address)

Summerfield, FL 34491
(City/State and Zip Code)

For further information concerning this matter, please call:

JOANN PLOTKIN at (352) 553-9510
(Name of Person) (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

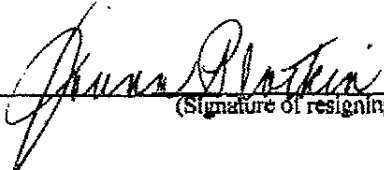
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOANN PLOTKIN, hereby resign as Vice President
(Title)

of JOANN PLOTKIN / P.A.
(Name of Corporation)

P95000013910, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED STATE
SECRETARY OF STATE
07 AUG 20 PM 3:00

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