P9500032357

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000272913680

000272**91**3680 05/18/15--01030--015 **35.00





TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BERKOWITZ & HUFF, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P95000032357

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

Please return all correspondence concerning this matter to the following:

MARI HUFF

(Name of Person)

C/O MARI HUFF CPA PA

(Name of Firm/Company)

218 SE OSCEOLA STREET

(Address)

STUART, FLORIDA 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

MARI HUFF

...772

888-2042

(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_L MARI HUFF	, hereby resign as
**	(Title)
of BERKOWITZ & HUF	FF, P.A.
(Name o	Corporation)
	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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