

P96000096440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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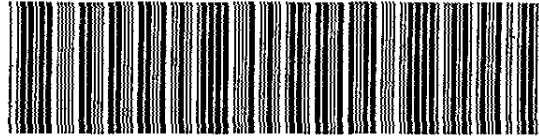
(Business Entity Name)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COHEN COPELAND PAIVA & MERRILL, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000096440

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

John K. Copeland, Esquire  
(Name of Person)

COHEN COPELAND PAIVA & MERRILL, P.A.  
(Name of Firm/Company)

10 Central Parkway, Suite 400  
(Address)

Stuart, FL 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Crawford at ( 772 ) 221-0999  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Stanley D. Klett, Jr., hereby resign as Officer/Director  
(Title)

of COHEN COPELAND PAIVA & MERRILL, P.A.  
(Name of Corporation)

P96000096440  
(Document Number, if known) a corporation organized under the laws of the State of  
Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

**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