

P96000096440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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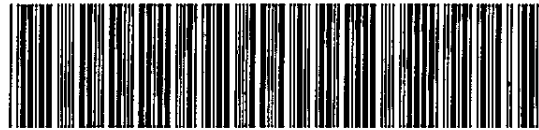
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cohen & Paiva, 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:

Marc B. Cohen, Esquire

(Name of Person)

Cohen & Paiva, 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:

Marc B. Cohen, Esquire 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:

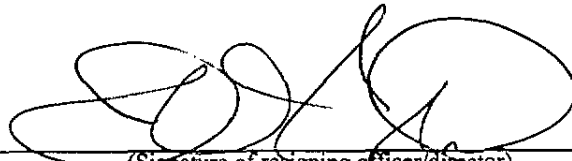
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John K. Copeland, Esquire, hereby resign as Director
(Title)

of Cohen & Paiva, P.A.
(Name of Corporation)

P96000096440, 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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TALLAHASSEE, FLORIDA