

P980000.99528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

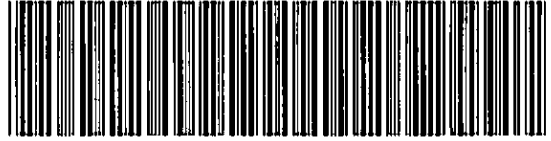
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12/05/22--11:01 --P17 --4,00

2022 DEC -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL
F-11 F-11



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard Mofsen

(Name of Person)

(Name of Firm/Company)

5541 N University Dr

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Howard Mofsen

954

753-5559

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2022 DEC -5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Craig Hostig D
I, _____, hereby resign as _____
(Title)

COCONUT CREEK MEDICAL ARTS, INC.
of _____
(Name of Corporation)

P97000099528
_____, 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