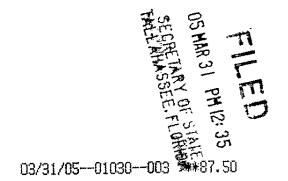
P84000074111

(Re	equestor's Name)	
(Ac	ldress)	100
(Ac	(dress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
, (Bu	isiness Entity Nam	ne)
, (Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		ĺ

Office Use Only



800048807898





TRANSMITTAL LETTER

SUBJECT:	A-Z HOME LOANS, INC
	(Name of Corporation)
DOCUMENT NUMBER	R: PO4000074111
The enclosed Resignation	n of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
MA	RTA I DIEGO
(Na	ame of Person)
A-Z H	HOME LOANS, INC
(Name	of Firm/Company)
3185 WES	ST 76 STREET, SUITE # 3
	(Address)
HIAL	EAH, FL 33018
(City/S	tate and Zip Code)
For further information c	oncerning this matter, please call:
MARTA I DI	EGO at (305) 822-1786
(Name of	

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,MERCEDES D	E LA TORRE	, hereby resign as	VP / SECR (Title)	^ ^ same dis
of	A-Z HOME LOAN	· · ·		
PO400070 (Document Number, if	/// a cor		er the laws of the State of	
FLORIDA		an a	u. magnamon i ki ya uwazini ili	. wa
)n	Derceds U. (Signature	le Le Control of resigning officer/director	SSEE SEE	TILED TRAILERS 36

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