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| (Re | equestor's Name) | |
|-------------------------|-------------------|--------------------------|
| (Ad | dress) | |
| (6.4) | ldress) | |
| (Au | uless) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | WAIT . | MAIL |
| (Bu | siness Entity Nam | ie) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status <u>ে এলেন্</u> |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
ALLAHASSEE FLORIDA



COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: PRIORITY MORTGAGE & FINANCIAL SCINCES (Name of Corporation) | | | | | | |
| DOCUMENT NUMBER: P 0 6 0 0 0 1 0 5 8 3 2 | | | | | | |
| 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: | | | | | | |
| STALIA OKOW (Name of Person) | | | | | | |
| PRIDRITY MORTGALITY SERVICES (Name of Firm/Company) | | | | | | |
| 54-1 S STATE RD 1 STE 48 (Address) | | | | | | |
| MINK GINTE 7L 33 DE 6 (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| STACIA OKOH at (561) \$53 & 4-12 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.050 | 12(2), 017.0 | 002(2), 007.13 | UY, OF OI | 7.1509, | |
|---|----------------|----------------------------|------------|--------------------------------|-------------|
| Florida Statutes, the undersigned, | JON. (Nam | ATHAN e of Registered A | OKO (| 1-1 | |
| hereby resigns as Registered Agent for PRI | 10RITY | MORT G | AGE | & FINA | TNCIAL SU |
| P06000105832 | | | | | |
| (Document Number, if known) | | | | | |
| A copy of this resignation was mailed to the a | bove listed | corporation at i | ts last kı | nown addres | SS. |
| The agency is terminated and the office discorthis statement is filed. (Signature) | of Resigning | | er the dat | te on which | |
| If signing on behalf of an entity: | | | | Eu | _ |
| Jonath an (Typed o | or Printed Nan | Koh ne) | | ECRETARY OF S LLAHASSEE FLO | FILED |
| (| (Capacity) | | | - RODA | |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314