F010000000509

(Re	equestor's Name)	
(Ac	ddress)	
· (Ad	ddress)	
(Ci	ity/State/Zıp/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



600131997856

07/02/08--01023--011 **35.00

08 JUL -2 PM 2: 08

DIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PlanFirst Financial So	olutions, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: F0700	00000509
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
Judith R. Sorensen	
(Name of Perso	n)
PlanFirst Financial Solutions, Inc).
(Name of Firm/Com	ipany)
14100 58th Street N	
(Address)	
Clearwater, FL 33760	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Dan Lyford	at (678) 516-0980 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	hereby resign as
	(Title)
of PlanFirst Financial Solutions, Ir	IC.
	f Corporation)
F0700000509 (Document Number, if known)	, a corporation organized under the laws of the State of
Delaware	

(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 08 JUL -2 PM 2: 08

SECRETARY OF STATE OF CORPORATIONS