## 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL .
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	





09/06/12--01017--010 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: FLORIDA HOMELOAN CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: F50562
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOHN W. GARY, III
(Name of Person)
(Name of Firm/Company)
701 U.S. Highway One, Suite 402
(Address)
North Palm Beach, Florida 33408
(City/State and Zip Code)
For further information concerning this matter, please call:
at () (Name of Person) at () (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

JOHN W. GARY, III	, hereby resign as Director	
"	(Title)	
of_ FLORIDA HOMELOAN COR	RPORATION	,
(Nan	me of Corporation)	
F50562 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		2812 SEP
	(A)	SEP-6
	(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