Requester's Name

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.				
(Corporation Name)		(Document #)	*	and with
2	_	a ^{rc}	+00 <u>0038</u> 7693	:41
(Corporation Name)		(Document #)	U3/19/01 -01069 *****35.00 ***	5002 ***35.00
3				- , , , , , , , , , , , , , , , , , , ,
(Corporation Name)		(Document #)	-	•
4	N		<u> </u>	
(Corporation Name)		(Document #)	En.	,
☐ Walk in ☐	Pick up time _		Certified Copy	r.e
Mail out	Will wait	Photocopy	Certificate Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		AMENDMENTS Amendment Resignation of R.A., Of Change of Registered A Dissolution/Withdrawal Merger	ficer/Director 22 38	
OTHER FILINGS		REGISTRATION/QUALI	FICATION D	
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other	263	
TP 1 E		Ex	aminer's Initials	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

VICE PRESIDENT!
I, STEPHEN R Ecitors, hereby resign as OFFICEN / DIRECTOR
of WESTMACK MORTEAGE CONFICENTY (Name of Corporation) VICE PRESIDENT! VICE PRESIDENT! (Title)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation. ** **EFFCT/VF************************************
(Signature of resigning officer/director)
FLORIDA FLORIDA

FILING FEE IS \$35.00

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