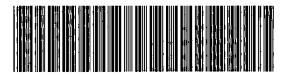
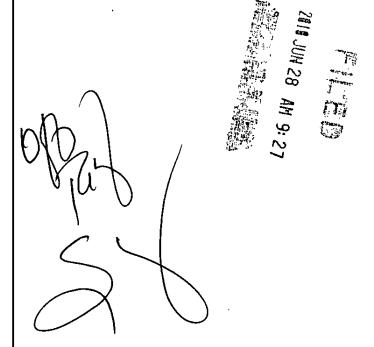
## Polooo 101393

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	$\Delta A^{0}$



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06/28/10--01040--011 \*\*35.00



## **COVER LETTER**

Division of Corporations
SUBJECT: VISION ARY MORTGACE FUNDING, INCOMENT NUMBER: PO 1000 101 393
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERROL GORDON (Name of Person)
(Name of Person)
VISION ARY MORT 6AGE FUNDING, INC (Name of Firm/Company)
4802 W. COMMERCIAL BLUD (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
ENROL GORDIN at (754) 222 /6/0 (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

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ERROL	GORA	)0N_, he	ereby resign a	s PRE	$\frac{\sum \mathcal{D}}{\text{(Title)}}$	ENT	
of VISION		•					<
PO 1000 10 (Document Number,	1 393 if known)	a corporation	on organized u	under the laws	of the Sta	ite of	
1-1010191					iz.		
	Cof of (S	Signature of resig	ning officer/dir	ector)		200 JIIN 28 AM	

## 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