## P02000024445

(Re	equestor's Name)	
		,
(Ad	ldress)	· •
(Ad	ldress)	
<b>,</b>	· · · · · · · · · · · · · · · · · · ·	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<del></del>		<del></del>
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
,		

Office Use Only



200149067452

04/09/09--01037--014 \*\*70.00

PILED

09 APR -9 AN ID: 53

SECRETARY OF STATE
TALLAHASSEE FLORIDE



## **COVER LETTER**

Division of Corporations
SUBJECT: MONEY EXPRESS ANANCIAL CORP.  (Name of Corporation)  DOCUMENT NUMBER: 1020000 24445
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PATRICIA MARIN HO (Name of Person)
MONEY EXPRESS GNANCIAL CORP.  (Name of Firm/Company)
100 SE 2ND ST . STE 155 (Address)
MIAMI, FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
PATRICIA MARIN Ho (Name of Person)  at (78b) 325-b115 (Area Code & Daytime Telephone Number)

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

TO: Amendment Section

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PATRICIA MARINHO, hereby resign as CCO VP	tle)		_
of Money Express GNANCIAL Corp.  (Name of Corporation)		,	,
(Name of Corporation)  10200024445 (Document Number, if known)  (Document Number, if known)	State of		
Plon DA.			
(Signahare of resigning officer/director)	SECRETARY OF STATE	09 APR -9 AH IO: 5	FILED

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