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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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COVER LETTER

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SUBJECT:	EASTERN	W HOLESMLE (Name of	MORTGHE	CORP.
	NUMBER:	0.00	Corporation)	,
The enclosed O	fficer/Director R	esignation for a Corp	oration and fee are s	ubmitted for filing
Please return all	correspondence	concerning this matt	er to the following:	
Эта	Name of	Person)		
EAST	(Name of Firm	LESIHE MONTO L'Company)	ALE CORP.	
4175	EAST (Addre	BAY DR. STE	5 260	
CLEA	City/State and	FL 33764 1 Zip Code)	<u>4</u>	
For further info	rmation concerni	ing this matter, please	call:	
Steve	Name of Person)	at (27) 535- ea Code & Daytime Te	5445 elephone Number)
Enclosed is a ch	eck for \$35.00 n	nade navable to the F	Iorida Department of	f State.

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LISA J.	Summerford	, hereby resign as	PLESIDENT (Title)		
of EASTERN	wholesale	MORTLAGE	,		,
P0300000 (Document Number FLOCIDA	Tisa Summest	oration organized under	the laws of the	of 06 SEP 15 AM II: 40 State STALL AHASSEE, FLORIDA	in C

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

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