(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		1		
		į		
		ł		
		}		





500059851435

09/26/05--01018--001 **35.00

COVER LETTER

то:	Amendment Section Division of Corporations
SUB	JECT: Commonwealth Financial Group Inc
	(Name of Corporation)
pod	CUMENT NUMBER:
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Sco	ott Franklin Williams
	(Name of Person)
Fin	ancial Advantage Group
	(Name of Firm/Company)
108	B Whitaker Rd.
	(Address)
Lut	z, FL 33549
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Sco	tt Williams at (813) 948-3337 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	Mailing Address: Amendment Section Sion of Corporations on Building Executive Center Circle shassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

1

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Scott Williams	, hereby resign as Treasurer		
_		(Title	(Title)	
of_				
	(Name o	of Corporation) _, a corporation organized under the laws of the S	state of	
FI	orida	٠		
	(8	SECRE TARY OF SIAIL AHASSEE FLORIDA	- B	

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