## P04000010304

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(Re	equestor's Name)	
(Ac	idress)	P Stori
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #}
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sun Louse Financial Fruist mant group. Incomment number: PO4 0000 10304
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BERTO Sanclez (Name of Person)
Son Const Finger of Firm/Company) Thurstment group
200 S. Hourn Blue # 135
TAMPA C. 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
Rento Sanctez at (941) 266 3434 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Juny Bartlett hereby resign as Tree	(Title)
of Son Coase Finguesal Invistments	group, Inc.
Po 4000 1830 4 a corporation organized under the law (Document Number, if known)	vs of the State of
Florida	O4 DEC TAFLARIT
	ARY CO
and a	FE STATI
(Signature of resigning officer/director)	5

## 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