P04000051318

(Re	equestor's Name)	
. (Ad	dress)	
· (Ad	dress)	
(Cit	ry/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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LILAHASSEE. FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Express Rate Mortgage Co. (Name of Corporation)
DOCUMENT NUMBER: PO 40000 51318
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
2253 NW 139 De (Address)
$\frac{\text{SUNRise, FL } 33323}{\text{(City/State and Zip Code)}}$
For further information concerning this matter, please call:
(Name of Person) at (954) 647 · 5075 (Area Code & Daytime Telephone Number)

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

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VIKTORIA 13200M, hereby resign as MGR	(Title)	
of Express Rate Mor Igage Co. (Name of Corporation)		,
PA 0000 51318, a corporation organized under the laws of (Document Number, if known)	the State of	
FLOIRIDA.		
V. B.L		
(Signature of resigning officer/director)	07 APR 24 PM 4: 1 SECRETARY OF STAT FALLAHASSEE, FLOR	and and a second
FILING FEE IS \$35.00	SET -:	**************************************

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314