

P04000/22665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

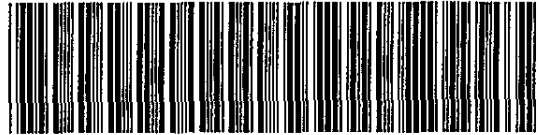
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500066557785

02/24/06--01061 -002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 PM 4:25

✓ O/D Resign.
03/03/06
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC LENDING SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4000122665

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eddie Ibrahim
(Name of Contact Person)

ATLANTIC LENDING SERVICES
(Firm/Company)

11200 Pines Blvd #200-A
(Address)

Pembroke Pines, FL 33026
(City/State and Zip Code)

For further information concerning this matter, please call:

Eddie Ibrahim at (954) 438-8393
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ERASMO Ibrahīm, hereby resign as President
(Title)

of ATLANTIC LENDING SERVICES, INC.
(Name of Corporation)

P04000122665, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 PM 4:25

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