## P0500010360

(Requestor's Name) ·	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
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Office Use Only



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03/20/09--01032--019 \*\*35.00





## **COVER LETTER**

SUBJECT. FUOLULIA MONTEGOR BONKER INC.
(Name of Corporation)
SUBJECT: EXPLUSIVE Mortgage Barkers In (. (Name of Corporation)  DOCUMENT NUMBER: POSODODIO360
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sochaffede
(Name of Person)
(Name of Firm/Company)
P.O. BOX 450059
(Address)
Sunrise, FL. 33345
(City/State and Zip Code)
For further information concerning this matter, please call:
Grand Andread at (786) 488 7848'  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Sandia Archeo	hereby resign as SHicer	10 0 m
(Nam	Hage Barkers, In.	TILED A
P050000/0360	, a corporation organized under the laws of the	State &
(Document Number, if known)	-	36E 58
florida		<b>P</b>

(Signature of resigning officer/director)

## 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