P05000132139

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	state/Zip/Phone	#)
PICK-UP	W AIT	MAIL
(Busin	ess Entity Nam	e)
, ·	•	•
(Доси	ment Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Fili	ng Officer:	
'		
		

Office Use Only



100082373221

12/11/06--01057--008 **35.00

2006 DEC || PM 3: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AHM Officesign

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: 6/66AC FUNDING PAGES, CORP. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: Po 5000 132 139
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 Person)
610 bac hunding texpress, Corp (Name of Firm/Company)
* * * * * * * * * * * * * * * * * * * *
,500 NW 108 km Avenuel (Address)
(Address)
Mitmi 1 R 33172
(City/State and Zip Code)
-For further information concerning this matter, please call:
PANOIM GUELLA - Edu D at (305) 592 - 3332 (Name of Person) (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 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Aquee Del Canuer Podriquet, hereby resign as Cho Secretary. (Title)
of 6105AL FUNDING REPRESS 1 COLP. (Name of Corporation)
Posooo 132139 (Document Number, if known) , a corporation organized under the laws of the State of
Florida.
SECRETARY OF STATE TALLAHASSEE, FLORIT FILING FEE IS \$35.00
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