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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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SECKLIARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bravo loan Procesing L (Name of Corporation) DOCUMENT NUMBER: PO600021344
DOCUMENT NUMBER: 10600021344
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
William Junion (Name of Person)
(Name of Firm/Company)
14215 CASHEROCK Dr. ve (Address)
14215 CASHEROCK Dr. ve (Address) O1219ndo FC 34568 (City/State and Zip Code)
For further information concerning this matter, please call:
MANY Willer at (40) 377 467 3 (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 07 MAR 26 PM 3: 22 FOR A CORPORATION TALLAHASSEE. FLORIDA	8
I,	MATZILYA WILLER, hereby resign as fresident (Title)	
of	Brown Loan Processin G Inc. (Name of Corporation)	
Po	(Name of Corporation) (Name of Corporation) (Name of Corporation) (Name of Corporation) (Name of Corporation)	
_	Florion.	

(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