

POL 000022598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

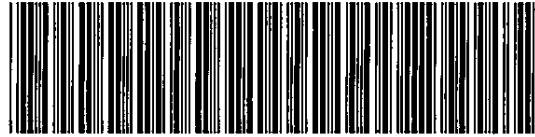
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200080761092

10/12/06--01037--008 **35.00

FILED
06 OCT 12 PM 12: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHA
OFF Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loanwell Financial Corporation
(Name of Corporation)

DOCUMENT NUMBER: PO6000022598

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony McCall
(Name of Person)

(Name of Firm/Company)

4906 Sunrise Pl. S.
(Address)

St. Pete. FL 33705
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony McCall at (727) 422-1935
(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, Anthony T. McCall, hereby resign as Director
(Title)
of Loanwell Financial Corporation
(Name of Corporation)
PO6000022598, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

[Signature]
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 12 PM 12: 03

FILED

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