P06000133659

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NOBLE ILLUSIONS MORTGAGES & INVESTMENTS INC.
(Name of Corporation)
DOCUMENT NUMBER: P06000133659
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BEATRICE ESPINOZA
(Name of Person)
Noble Illusions Mortgages and Investments,Inc.
(Name of Firm/Company)
133 HARRINGTON COURT
(Address)
DAVENPORT,FL. 33837 U.S.A
(City/State and Zip Code)
For further information concerning this matter, please call:
ANGEL ESPINOZA 321 226-3813
ANGEL ESPINOZA at (321) 226-3813 (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

OTFEB 26 PH 5: 19
TALLAHASSEE FLORIDA **BEATRICE ESPINOZA** _____, hereby resign as_ (Title) NOBLE ILLUSIONS MORTGAGES & INVESTMENTS INC. (Name of Corporation) P06000133659 __, a corporation organized under the laws of the State of (Document Number, if known) **FLORIDA**

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