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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

OID pes.

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Sun Lags Financial Collections Tre (Name of Corporation) |
| DOCUMENT NUMBER: <u>P0700001748</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| MArc A MARUIN (Name of Person) |
| SunCoast FINANCIAL Collections INC (Name of Firm/Company) |
| 333 133 rd Ave F. (Address) |
| MADERA BON FL 33708 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| MAC MACVIN at (727) 492-2205 (Area Code & Daytime Telephone Number) |
| Produced in a check for \$25.00 and a mobile to the Elevide Decree to \$6044 |

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, May MAR | C MARVIW, hereby resign as | Rus |
|--|-------------------------------------|--------------------------|
| | Collections | (Title) |
| • | e of Corporation) | |
| (Document Number, if known) | , a corporation organized under | the laws of the State of |
| FL | <u></u> . | |
| Po 70000 17048 (Document Number, if known) | , a corporation organized under | the laws of the State of |

FILING FEE IS \$35.00

(Signature of resigning officer director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314