(Re	equestor's Name)		
(Ad	ldress)	<u>.</u>	
· (Ad	ldress)		
(Cit	ty/State/Zip/Phone	 ∋ #)	
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COVER LETTER

Monaco Financial Inc (Name of Corporation) P07000023545 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sylvan H. Mackaness (Name of Person) Monaco Financial Inc (Name of Firm/Company) 735 Arlington Ave N, Suite 115 (Address) Saint Petersburg, FI 33701 (City/State and Zip Code) For further information concerning this matter, please call: Sylvan Mackaness at (727) 768-4769 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Melissa H. Mackaness	, hereby resign as_	Vice President
-7	,,	(Title)
of Monaco Financial Inc.		
	Name of Corporation)	······································
P07000023545	, a corporation organized un	der the laws of the State of
(Document Number, if known)		
Florida	•	
,		

(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