P07000070892

(Red	questor's Name)	
(Add	dress)	
,		
(Address)		
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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Special instructions to r	ining Officer,	
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Of / Dis Resign

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T. Roberto MAR 100

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Right Choice Lending In (Name of Corporation) PO 70000 70892
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Davio Brickle (Name of Person)
N/K
(Name of Firm/Company)
1246 Ballyshanner Pkurg (Address)
Orland Fl 30E0E (City/State and Zip Code)
For further information concerning this matter, please call:
Ruth Zuz at (407) 791.9551 (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 hereby resign as_ , a corporation organized under the laws of the State of

(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