

P07000089 304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

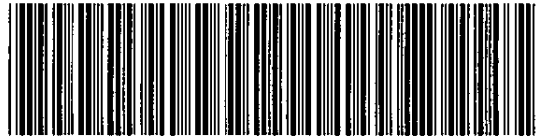
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0122 9/21/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: State Farms Financial, Inc / Fictitious Nm: Whitelight Financial Service
(Name of Corporation)

DOCUMENT NUMBER: P07000089304 (Fictitious Nm Doc: G08253900264)

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

Please return all correspondence concerning this matter to the following:

Barbara M Crager

(Name of Person)

State Farms Financial, Inc./Whitelight Financial Serv

(Name of Firm/Company)

P.O. Box 150882

(Address)

Jacksonville, FL 32215-0882

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffery M Smith

(Name of Person)

at (877) 378-3593

(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, Barbara M Crager, hereby resign as President
(Title)

of State Farms Financial, Inc.
(Name of Corporation)

P07000089304, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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TALLAHASSEE, 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