

PD8000032278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

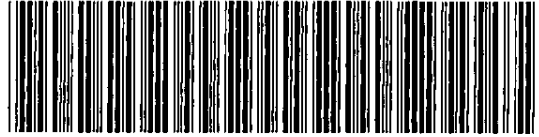
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

TB

12-22-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solomon Financial Corporation
(Name of Corporation)

DOCUMENT NUMBER: PO 8000032278

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

Please return all correspondence concerning this matter to the following:

SHELDON F. JOHN
(Name of Person)

Solomon Financial Corporation
(Name of Firm/Company)

1201 Brickell Ave. Ste 900
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

SHELDON F. JOHN at (305) 347-5125
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008/12/17/23/STX 11:4

MCGREGOR MAYOR CELL

FEE NO. 5636831

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Ramesha Shew, hereby resign as V.P. (Title)
of Solomon Financial Corporation (Name of Corporation)
728004032279 a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

[Signature]
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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

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