## P0800003227

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(0:		- 40
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filing Officer.	

Office Use Only



500145273735

03/13/09--01023--020 \*\*35.00

officer Resign.

TB 3/16/19

## **COVER LETTER**

SUBJECT: Solomon FINANCIAL CORPORATION (Name of Corporation)
. (Name of Corporation)
DOCUMENT NUMBER: PO 800 0032278
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHELBOW F. JOHN (Name of Person)
Solomon Finian CIAL Corporations (Name of Firm/Company)
(Address)  (Address)  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 347-5725.  (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

TO: Amendment Section
Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION ASSECUTES OF SECURES OF SECURE OF SECURES OF SECURE OF SECURE OF SECURE OF SECURE OF SECURE OF SECURES OF SECURE OF SEC

	E. C. STATE
Belinda JOHN	, hereby resign as (Title)
of Solamon	FIMALIAL COFPORATION  ame of Corporation)
	, a corporation organized under the laws of the State of
Florida	

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