

P090000093682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

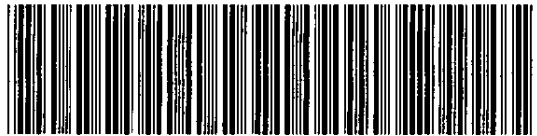
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500.166076295

Resignation
of Officer

02/19/10-- 01020--006 **35.00

FILED
2010 FEB 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Del
2/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANC Loss Mitigation
(Name of Corporation)

DOCUMENT NUMBER: P09000093682

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

Please return all correspondence concerning this matter to the following:

Ariadna Nicole Cardona
(Name of Person)

ANC Loss Mitigation
(Name of Firm/Company)

15970 W. State Rd 7 STE 234
(Address)

Sunrise FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Minerva Strum at (754) 366 3072
(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


FILED
2010 FEB 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ariadna Nicole Cardona, hereby resign as President
(Title)

of ANC LOSS Mitigation, Inc.
(Name of Corporation)

709000093682, a corporation organized under 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