P09000001110

(Ře	equestor's Name)			
(Ad	ldress)	<u> </u>		
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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SECRETARY OF STALL AND SECRETARY OF SECR

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Amendment Section Division of Corporations

TO:

SUBJECT: Clawn Finme of Corporation)
DOCUMENT NUMBER: P0900097190
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LAN MCAUSLIN
(Name of Person)
(Name of Firm/Company)
1028 BER AIL De. #3
(11111111111111111111111111111111111111
Hierman Beach, Fr 33487. (City/State and Zip Code)
For further information concerning this matter, please call:
AN MCAUSLIN at (954) 891-6375. (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i/An	Magnesin	, hereby resign as	PRÉSIOENT. (Title)
of CR	LOWN FINANCIAL	GROUP / /NC of Corporation)	<u>.</u>
1090	cument Number, if known)	_, a corporation organized und	er the laws of the State of
FLOG	LAA.	_•	
		•	
		// .	

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