P10000082409

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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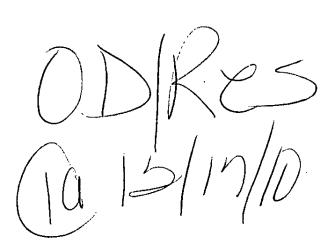


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SECRETARY OF STAFE PALLAHASSEEFFLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ASSET, INSURA	NCE & MORTGAGE SERVICES, INC. (Name of Corporation)
p·	•
DOCUMENT NUMBER: P	1000002000
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
ISELIDE SANON	
(Name of F	Person)
(Name of Firm	/Company)
9098 PARAGON WAY	
(Addre	ss)
BOYNTON BEACH, FL 3347	72
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
ISELIDE SANON	at (561) 503-1919
(Name of Person)	at (561) 503-1919 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ISELIDE SANON	, hereby resign as VICE PRESIDENT	
	(Title)	
of ASSET, INSURANCE & MC	ORTGAGE SERVICES, INC.	
(Na	me of Corporation)	
P10000082609	, 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