P10000091887

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAFIASSEE, FLORIDA
14 DFC -9 PM 2: 29

DEC 15 2014 T. CARTER

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: 60 Financial Corporation) (Name of Corporation)
DOCUMENT NUMBER: PIOOOOO 91887
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ariadro Quilez. (Name of Person)
(Name of Firm/Company)
99515W625T
Miami FL 33173. (City/State and Zip Code)
For further information concerning this matter, please call:
Humber to Quilez at (786) 3662141. (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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC -9 PH 2: 29

I, Ariadne Ovi	€ 7. hereby resign as_	(Title)
of 60 Finan	cial Corp	(71110)
P16000091887	of Corporation), a corporation organized unc	der the laws of the State of
(Document Number, if known) Florida.	, a corporation organized the	ici die days of the state of
	⁻	

(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