P11000004208

(Requestor's Name)				
(Address)				
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(CII	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

QD/Res

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: resignation			
	(Name	of Corpora	tion)
DOCUMENT NUMBER:_	monolith credit, inc). P	11000064208
The enclosed Officer/Directo	or Resignation for a Co	orporation	and fee are submitted for filin
Please return all corresponde	ence concerning this m	atter to the	e following:
robert acocella			
(Name	of Person)		
monolith credit, inc.			
(Name of I	Firm/Company)		
2701 nw boca raton blvd	# 106		
(A	ddress)		
boca raton, florida. 3343	1		
(City/State	and Zip Code)		
For further information conc	erning this matter, plea	ase call:	
robert acocella	at (561	322-8740
(Name of Pers	son) (Area Code	322-8740 & Daytime Telephone Number)
Enclosed is a check for \$35.0	00 made payable to the	: Florida D	epartment 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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

robert acocella	, hereby resign as	· VP	
•,	,,,,,,	(Title)	
of monolith credit, inc.			
	ne of Corporation)	/	
P11000064208 (Document Number, if known)	, a corporation organized under t	the laws of the State of	
florida	<u></u> .		

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

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