## P11000101009

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE

JUL 2 4 2014

C. CARROTT.

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

REVERSE MORTG SUBJECT:	AGE LENDERS DIRECT INC.
	(Name of Corporation)
DOCUMENT NUMBER: P1100	0101009
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filin
Please return all correspondence co	oncerning this matter to the following:
Michael Ben-Hayon	
(Name of Pe	rson)
(Name of Firm/C	ompany)
3000 NE 30th Place, Suite 103	
(Address	)
Fort Lauderdale, FL 33306	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Michael Ben-Hayon	908 5786000
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

President/Secretary
hereby resign as
, hereby resign as (Title)
NDERS DIRECT INC.
Name of Corporation)
, a corporation organized under the laws of the State of
·

## 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

