

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

Surety Financial Mgt Corp (Name of Corporation) DOCUMENT NUMBER: P12000021286 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John Wilkerson (Name of Person) (Name of Firm/Company) 4928 NW Flintstone Ave (Address) Port Saint Lucie, FL 34983 (City/State and Zip Code) For further information concerning this matter, please call: John Wilkerson 772 261-1647
Area Code & Daytime Telephone Number) (Name of Person)

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

<sub>I,</sub> John Wilkerson	, hereby resign as Mgr (Title)	
of Surety Financial M	` ,	
P12000021286  (Document Number, if known)  Florida	, a corporation organized under the laws 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