## P14000021009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del>-</del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



100275842661

08/10/15--01016--014 \*\*35.00

SECRETARY OF STATE DIVISION OF CORRESPONDED 2: 53

01/25

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: CASHMASTER USA, INC
(Name of Corporation)  DOCUMENT NUMBER: P14000021079
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROBERT A ALLEN
(Name of Person)
(Name of Firm/Company)
9501 SATELLITE BLVD #105
(Address)
ORLANDO, FL 32837
(City/State and Zip Code)
For further information concerning this matter, please call:
DALIA CANTOR 407 650-9088
(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

TO: Amendment Section

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> ROBERT A ALLEN	, hereby resign as TREASURER (Title)	
of CASHMASTERS L	·	
P14000021079	of Corporation), a corporation organized under the laws of the State of	
(Document Number, if known) FLORIDA	·	
Politi	2815 2815	
	SECRE FILE Signature of resigning officer/director)  Signature of resigning officer/director)	
	P S S A A A	

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