

P15000054385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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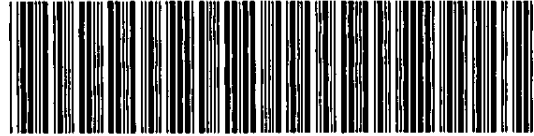
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SYNTEGRAL Financial Corp.
(Name of Corporation)

DOCUMENT NUMBER: P15000054385

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise F. Gomes

(Name of Person)

SynTEGRAL Financial Corp

(Name of Firm/Company)

123 SE 3rd Ave #546

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise F. Gomes at (508) 808-3981
(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

STATE
TALLAHASSEE, FLORIDA

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael M. John, hereby resign as Chairman
(Title)
of Syntegral Financial Corp.
(Name of Corporation)
P15000054385, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Michael M. John

(Signature of resigning officer/director)

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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