

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900318700599

09/27/18--01007--020 **35.00

MI SEP 27 P P. H



TRANSMITTAL LETTER

7 22 6

Amendment Section Division of Corporations

TO:

SUBJECT: FINANCIAL EXPERTS CO	
(Name of Corpora DOCUMENT NUMBER: P16000072226	ation)
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
GILMER MENDOZA	
(Name of Person)	
GMF SERVICES CORP	
(Name of Firm/Company)	
7320 NW 12TH ST #106	
(Address)	
MIAMI FL 33126	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
GILMER MENDOZA at (786 (Area Code	3127451 & 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Daniela V Luces Hernandez	Treasurer, hereby resign as Treasurer
	(Title)
of FINANCIAL EXPER	
P16000072226	of Corporation) _, a corporation organized under the laws of the State of
FLORIDA	
	luest kyrunder
(5	ignature of resigning officer/director)
	ILING FEE IS \$35.00
Make checks payable t	to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314