P190000 30012

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Financial Renovation Assistance Auth SUBJECT:	ority, Inc		
Sobride 1	(Name of Co	rporation)	
DOCUMENT NUMBER: P19000030012			
The enclosed Officer/Director Resignation f	or a Corpora	ation and fee are submitted for filing	
Please return all correspondence concerning	this matter	to the following:	
SARAH A SOUSA			
(Name of Person)			
FINANCIAL RENOVATION ASSISTANCE AUTHORITY			
(Name of Firm/Company)	<u> </u>		
5610 FORT CAROLINE RD, UNIT 11			
(Address)			
JACKSONVILLE, FL. 32277			
(City/State and Zip Code)			
For further information concerning this matt	er, please ca	ıll:	
SARAH A SOUSA		239-8296	
(Name of Person)	at ((Area ()	

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SARAH ALEXANDRA SOUSA	PRESIDENT		
I	, hereby resign as		
	(Title)		
FINANCIAL RENOVATION ASSISTAN	CE AUTHORITY, INC		
(Name	of Corporation)		
P1900030012			
(Document Number, if known)	, a corporation organized under the laws of the State of		
FLORIDA			

(Signature of resigning office A/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 2828 APR 16 PM C. 15