## P98000057269

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Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOVEREIGN FINANCIA (NEW MATTON SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER: P98000057269
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID X. SCHWEDEL (Name of Person)
(Name of Firm/Company)
P. O. BOX 33/37/ (Address)
M/AM/ EC 33233 (City/State and Zip Code)
For further information concerning this matter, please call:
D. ScHWEDEL at 305 987 8780 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DAVID SCHWEDEL (Name of Registered Agent)
hereby resigns as Registered Agent for Soverelby Finducial Information SERVICES, Ix
P 9800005 7269 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
DAVIO Y. SCHWEDEL  (Typed or Printed Name)
Due fac (Capacity)  ALLAHASSEE
Fee for filing this document:  \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation