515411

(Re	equestor's Name)	
(Ad	dress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	MAIŢ	MAIL
(Bu	isiness Entity Name	· •)
(Do	ocument Number)	
- Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wealth Francial Corporation U.S., Inc. (Name of Corporation)
DOCUMENT NUMBER: 5 15411
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:
(Name of Person)
Fergeson, Skipper et al (Name of Firm/Company)
P. O. Rox 3 3 18 (Address)
Squasificate and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (441) 957-1950 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR WEALTH FINANCIAL CORPORATION U.S., INC.

In compliance with Section 607.0502(2), Florida Statutes, I hereby resign my appointment as Registered Agent for Wealth Financial Corporation, U.S., Inc. I hereby affirm that a copy of this Statement of Resignation has been sent to the mailing address of the corporation shown in its most recent annual report as follows:

C/O Sterling Management Inc. 131 Seminole Blvd., #172 Largo, FL 34640

Pursuant to the Florida Statutes, my agency with the corporation will be terminated as of the 31st day after the date on which this Statement of Resignation is filed with your office. E. Ralph Tirabassi Registered Agent 1515 Ringling Boulevard, 10th Floor Sarasota, Florida 34236 Dated: 1 - 21 STATE OF FLORIDA COUNTY OF SARASOTA The foregoing instrument was acknowledged before me on $\sqrt{2}n - \sqrt{2}$ by E. RALPH TIRABASSI, who is personally known to me or who in has produced as identification. (Print or stamp name) Notary Public Serial Number (if any) Commission Expiration Date

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