

P00000088989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

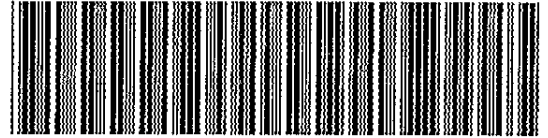
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600023190486

09/22/03--01024--005 \*\*35.00

G. Coullotte SEP 25 2003

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MORTGAGE PROFESSIONALS OF SOUTHWEST FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO0000088989

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

Please return all correspondence concerning this matter to the following:

BARA HEERING  
(Name of Person)

MORTGAGE PROFESSIONALS OF SOUTHWEST FLORIDA, INC.  
(Name of Firm/Company)

210 SW 45TH STREET  
(Address)

CAPE CORAL, FL 33914  
(City/State and Zip Code)

For further information concerning this matter, please call:

BARA HEERING at (239) 229-9943  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SADA HERRING, hereby resign as PRESIDENT  
(Title)

of MORTGAGE PROFESSIONALS OF SOUTHWEST FLORIDA, INC  
(Name of Corporation)

000000088989, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Sada Herring  
(Signature of resigning officer/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