## P05000077896

(Re	equestor's Name)	
(Ad	dress)	
DA)	diess)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	,

Office Use Only



200130522772

08/02/08--01028--008 ++35.00

08 JUN-2 AM 8: 13
SECRETARY OF STATE
SECRETARY OF STATE

11) Lesign. 06/06/08

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Loyal Mortgage (Name of Corporation)
DOCU	UMENT NUMBER:
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
M	vercedes Saladrigas Brooks (Name of Person)
	(Name of Firm/Company)
73	195 SW 133 Terrace (Address)
_M;	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
M	ercy Brooks at (786) 427-7107 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division Cliftor 2661 E	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle tassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>1</u>	Mercedes Saladrigas. Brooks hereby resign as P (Title)	,
of	Loyal Mortgage, Inc.	
	, a corporation organized under the laws of the State of (Document Number, if known)	
***************************************	Florida	
	Municipal Signature of resigning officer/director)  ALL CRETARY OF	
	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