(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:		





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01/06/12--01029--002 **35.00

COVER LETTER

Division of Corporations
SUBJECT: CIRCLE MORTGAGE CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: 447840
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DAVID LEVITT
(Name of Person)
CIRCLE MORTGAGE CORPORATION
(Name of Firm/Company)
6600 TAFT STREET, 4TH FLOOR
(Address)
HOLLYWOOD, FLORIDA 33024
(City/State and Zip Code)
For further information concerning this matter, please call:
DAVIDLEVITT at (800) 576-1338 (Area Code & Daytime Telephone Number)

TO:

Amendment Section

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, KATHY LEVITT	, hereby resign as_	SECRETARY/TREASURER
-,	,,,	(Title)
of CIRCLE MORTGAGE CORPOR	ATION	
	Corporation)	,
447840	a corporation organized un	der the laws of the State of
(Document Number, if known)		
FLORIDA		

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