"K23937

(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



500041765615

10/18/04-01034-007 **105.00

SECRETARY OF STATE ALLAHASSEE FLORIDA

> 010 E/0/05/04

TO:

TRANSMITTAL LETTER

FO: Amendment Section Division of Corporations	
SUBJECT: FIRST COUNTYWID	E MORTGAGE CORP.
30000	(Name of Corporation)
DOCUMENT NUMBER: K2393	37
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence conc	cerning this matter to the following:
(Name of Person	n)
MIRIAM DE TORO CPA, P.A.	
(Name of Firm/Com	pany)
231 ALTARA AVENUE	ا المنظور المنافقة الم
(Address)	
CORAL GABLES, FL 33146	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
MIRIAM DE TORO	at (305) 448-1648 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION 04 0CT 18 PM 3: 28 FOR A CORPORATION

SECRETARY OF STATE CALLAHASSEE, FLORIDA

I, Maria I Ros	, hereby resign as President (Title)
***	(Title)
of_ First Countywide Mortgage (
(Nan	ne of Corporation)
K23937 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	(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