## K95617

(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



300193604343

02/08/11--01037--001 \*\*35.00



0/1 Resign,
2-9-11

## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: RESIGNATION OF OFFICER		
(Name of Corporation)		
DOCUMENT NUMBER: K95617		
The enclosed Officer/Director Resignation for a Corporation	n and fee are submitted for filing	
Please return all correspondence concerning this matter to t	he following:	
DIANNA BOLTON		
(Name of Person)	-	
MORTGAGE SOURCE OF NAPLES, INC.		
(Name of Firm/Company)	-	
PO BOX 10111		
(Address)	-	
NAPLES, FL 34110		
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
DIANNA BOLTON at ( 239	) 404-7994 le & Daytime Telephone Number)	
(Name of Person) (Area Cod	e & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

## - OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FRANKIE HENDRIX	, hereby resign as PRESIDENT	
.,	(Title)	
MORTGAGE SOURCE OF NAPLES,	•	
(Name of Corpora (Document Number, if known)	oration organized under the laws of the State of	
FLORIDA		
Allahliu St (Signature o	fresigning 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