LD8000042569

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Cushiess Linky Nume)		
(Document Number)		
(Document Number)		
0.65.10		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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07,707,09-51,077-013 141,809 07,707,09-51,077-013 1425.00

FILED
2009 JUL -7 PH 2: 26
SEURETARY OF STATE
SEURETARY SEE, FLORID

C. LEWIS

JUL 8 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: DEVELOPERS MORTGA (Name of Limited I	
. (Name of Entitled)	Stability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
CARLOS C. SANCHEZ	
(Contact Person)	
DEVELOPERS MORTGAGE GROU	JP LLC
(Firm/Company)	•
4485 SW 8 STREET	
(Address)	•
MIAMI, FLORIDA 33134	-
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
CARLOS C. SANCHEZ	305 448-0102
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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2009 JUL -7 PM 2: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

The name of the limited liability company as it a of State is: DEVELOPERS MORTGAGE	••
2. This limited liability company was organized un FLORIDA	nder the laws of:
3. The Florida document/registration number of th	is limited liability company is:
4. I, IGNACIO DIAZ (Print Name of Person Resigning)	_, hereby resign as a MENBER/MANAGER (Print Title)
of this limited liability company and affirm the li resignation in writing. Amao May	mited liability company has been notified of my
Signature of Resigning Member, Managing Mem Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	nber or Manager