P01000010263

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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T. Roberts MAR 23 2007/

COVER LETTER

Division of Corporations
Subject: Select Mortage Solutions One (Name of Corporation) DOCUMENT NUMBER: PO1000010243
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: **Total Move** (Name of Person)
(Name of Person) Sellet Motagge Solutions The. (Name of Firel/Company)
6719 Wright 100 (Address)
F7 Myles F1 33919 (City/State and Zip Code)
For further information concerning this matter, please call:
tat Move at (339) 454-7930 (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
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

I, hereby resign as Secre	fari	1	
of Select Mortgage Solutions Inc. (Name of Corporation)			,
POI 00010243, a corporation organized under the laws of t	he State	of	
(Document Number, if known)	IAI SI	0.	
	LAHAS	MAR 2	<u> </u>
And Mala	(Y OF S' SEE, FLI	PH 12: 2	ILED
(Signature of resigning officer/director)	- REF	: 27	

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