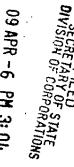
(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
7		

Office Use Only



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04/06/09--01046--026 **35.00



COVER LETTER

SUBJECT: Lock Rate Mottagage Solution, Inc.

(Name of Corporation)

DOCUMENT NUMBER: PO40002,3938

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sempet Comet
(Name of Person)

Lock Rate Mottagage Solutions, Inc.

(Name of Firm/Company)

7750 Sw. 17 Aux #201 F

(Address)

Miami Fl. 33183
(City/State and Zip Code)

For further information concerning this matter, please call:

Sempet Comet at (786) 283-3703
(Area Code & Daytime Telephone Number)

Street Address:

TO:

Amendment Section Division of Corporations

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

Mailing Address:

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Nelson Gomez, hereby resign as Vice President
of Lock Rate Mortgage Solution, Inc.
P0400023938, a corporation organized under the laws of the State of (Document Number, if known)
F/07°da

(Signature of resigning of ficer/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

09 APR -6 PM 3: 04

SECRETARY OF STATE DIVISION OF CORPORATIONS