

PG4000120910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

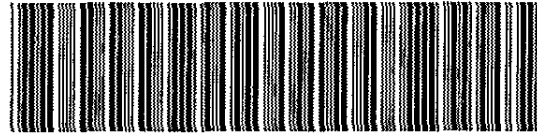
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/30/06--01018--004 \*\$35.00

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06 AUG 30 PM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA  
OFFICE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** G.D. MORTGAGE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000120910

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

G.D. MORTGAGE, INC  
(Name of Firm/Company)

12928 SW 133 CT Suite B  
(Address)

MIAMI FL 33186  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lizette Lopez at ( 305 ) 232-5055  
(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  
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, MERLY DIAZ, hereby resign as President  
(Title)

of G.D. MORTGAGE, INC.  
(Name of Corporation)

P04000120910, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION

PRINCIPAL BROKER DESIGNATION

This form shall be completed upon receipt of the mortgage brokerage business license or change of principal broker, posted with the mortgage brokerage business license and a copy sent to the Office of Financial Regulation. (DO NOT SEND WITH ORIGINAL APPLICATION FOR LICENSURE).

TYPE OR PRINT

MORTGAGE BROKERAGE BUSINESS:

G.D. MORTGAGE, INC.  
NAME OF BUSINESS

MBB 0702105  
LICENSE/AUDIT NUMBER (REQUIRED)

DESIGNATED PRINCIPAL BROKER:

LIZETTE LOPEZ  
NAME OF PRINCIPAL BROKER

(Provide Social Security Number in SSN section below)  
SOCIAL SECURITY NUMBER

I, as officer/director/representative agent of the above mortgage brokerage business, hereby designate the above licensed mortgage broker as principal broker of the business.

Lizette Lopez  
NAME OF OFFICER, DIRECTOR OR  
REPRESENTATIVE AGENT

PRESIDENT  
TITLE

X [Signature]  
SIGNATURE OF OFFICER, DIRECTOR  
OR REPRESENTATIVE AGENT

8/25/07  
DATE

I hereby accept responsibility as the principal broker of the above mortgage brokerage business and understand that I shall be in full charge, control, and supervision of the business and all designated branch brokers.

X [Signature]  
SIGNATURE OF PRINCIPAL BROKER

8/25/07  
DATE

SSN SECTION

(Applicant is required to complete the Social Security Number below)

SOCIAL SECURITY NUMBER: 266-83-9580

STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION

485038

200 EAST GAINES STREET, TALLAHASSEE, FLORIDA 32399-0875 PHONE (850) 410-9895  
WWW.FLORIDA.COM/LICENSING

MORTGAGE BROKERAGE BUSINESS LICENSE

THE MORTGAGE BROKERAGE BUSINESS INDICATED BELOW IS LICENSED  
UNDER THE PROVISIONS OF CHAPTER 494, FLORIDA STATUTES.  
EFFECTIVE DATE: 09/01/06 EXPIRATION DATE: 08/31/08

BUSINESS LOCATION: 12928 SW 133 CT  
SUITE B  
MIAMI, FL 33186

AUDIT NUMBER:  
WEB 0702105

G D MORTGAGE INC  
12928 SW 133 CT  
SUITE B  
MIAMI, FL 33186

COMMISSIONER, OFFICE OF  
FINANCIAL REGULATION

*David A. Saxon*