P04000121220

| (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: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: MULLER & Shave Mortgage Lender, Inc. (Name of Corporation) DOCUMENT NUMBER: PO4-000 (2 1220 |
| DOCUMENT NUMBER: 104-000 (2 1220 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| CHARLES SCHER (Name of Person) |
| TR: County Accounting Services, Inc. |
| 7700 longress Ave, Bte 1105 |
| BOUN RATON FL 33 487 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| CHARLES Scher at (561) 988 – 9990 (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, STEVEN Shave | , hereby resign as TRUGUEL |
|--|--|
| | (Title) |
| of MULLER & Shari | e Montgage Henders, Inc. |
| Рофоро 121220 (Document Number, if known) | , a corporation organized under the laws of the State of |
| 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 05 DEC -5 AM 10: 23