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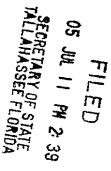
Chamara India Manai Y									
(Requestor's Name)									
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PICK-UP WAIT MAIL									
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BEC MOLTGAGE PROCESSING INC
DOCUMENT NUMBER: PO500067461
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HEATHER D SCHULTE
(Name of Person)
BE CMOLTGAGE PROCESSING INC.
(Name of Firm/Company)
549 NW AZINE ST
(Address)
PORT ST CUCIE FE 34983 (City/State and Zip Code)
For further information concerning this matter, please call:
Heather Schulte at 172, 263-6099 (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Hea	the	<u> 5</u>	hul t	, hereby	resign as	PLE	SIDEN (Title)	<u> </u>
of	B	5	C	Mon- (Name of C	TGAGE orporation)	Pu	UCESS	ING	INC
_	∞	05-		,a	corporation org				
	FUR	IPA				<u> </u>	· , - ·-		¥

(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