## P06000006349

(Requestor's Name)
, (Address)
•
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
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SECRETARY OF STATE
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## **COVER LETTER**

SUBJECT: INTERMORTGAGE	
	(Name of Corporation)
DOCUMENT NUMBER: PO	8000006349
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
OLY CAUSO	
(Name of Per	son)
INTERMORTGAGE GROUP (	CORP
(Name of Firm/C	ompany)
10967 NW 44 TERR	
(Address)	
MIAMI, FL 33176	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
OLY CAUSO	at ( 954 ) 861-4300 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	·

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. YADRANA SELGAS	, hereby resign as	DIRECTOR/SECRETARY	
-7	, notoby rosign as_	(Title)	
of_INTERMORTGAGE GROUP			. •
(Na	me of Corporation)		
P06000006349	.a corporation organized un	der the laws of the State of	
(Document Number, if known)	,,	<b>当</b> 而 <b>又</b>	T
FLORIDA	, a corporation organized un		
		4 2: 06 F STATE FLORID	フ
<del>*************************************</del>	(Signature of resigning officer/direct	13/20/08	)

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