

PO6000019503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

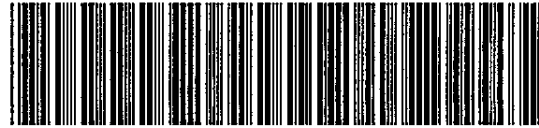
(Business Entity Name)

(Document Number)

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06 MAY -3 AM 10:00  
TALLAHASSEE, FLORIDA

OD/Res

10.5.9.06

### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Mortgage Icon Corporation  
(Name of Corporation)

DOCUMENT NUMBER: PO6000019503

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

Please return all correspondence concerning this matter to the following:

JAIME H. GOMEZ  
(Name of Person)

The Mortgage Icon Corporation  
(Name of Firm/Company)

3825 FALCON RIDGE CIR  
(Address)

WESTON, FL 33331  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAIME H. GOMEZ at (954) 303.1593  
(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, CHRISTIAN J. LEAN, hereby resign as VICE-PRESIDENT / TREASURER  
(Title)

of THE MORTGAGE ICON CORPORATION,  
(Name of Corporation)

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

FLORIDA.

  
(Signature of resigning officer/director)

FILED  
06 MAY -3 AM 10:00  
TALLAHASSEE, FLORIDA  
RECEIVED

**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