0600002495

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	·
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: All Florida Mortage Loans Trc. (Name of Corporation) DOCUMENT NUMBER: 101000024950
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruth Escarmant (Name of Person)
(Name of Firm/Company)
1000 NW 155th Lane #310
Miami, Florida 33169 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 49-6763 (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

FILED

2008 JUL 25 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

I, Isaac Escarmant, hereby resign as TRAGEUT	er
	(Title)
of HIP Plonda Mortgage Loans, Inc (Name effcorporation)	
(Document Number, if known) (Document Number, if known)	he State of
<u>Florida</u>	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314