## 06000050390

(Requestor's Name)
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(/ ldd1033)
(Address)
(City/State/Zip/Phone #)
(,
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: Comprehensive Mortgage Processing, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P06000050390
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Mar	k Stultz V.P.
	(Name of Person)
Con	nprehensive Mortgage Processing, Inc.
	(Name of Firm/Company)
461	Mariner Blvd
	(Address)
Spri	ng Hill, Florida 34609
-	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Mark	(Stultz at ( 727 ) 505-9260 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Mark Stultz

, hereby resign as Vice President

(Title)

Comprehensive Mortgage Processing, Inc.

(Name of Corporation)

P06000050390

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

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