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(Re	equestor's Name)	
(Ac	idress)	
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	_	
. (Ci	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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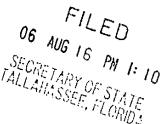
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BMI-BENNET	T MORTGAGE INVESTMENT CORPORATION	
(Name of Corporation)		
DOCUMENT NUMBER:_		
The enclosed Officer/Directo	or Resignation for a Corporation and fee are submitted for filing	
Please return all corresponde	nce concerning this matter to the following:	
MICHELE GARDNER		
. (Name	of Person)	
BMI-BENNETT MORTGA	AGE INVESTMENT CORP.	
(Name of I	firm/Company)	
6009 BRICK ROAD		
(Ac	ddress)	
ST. CLOUD, FLORIDA 3	4772	
(City/State	and Zip Code)	
For further information conc	erning this matter, please call:	
MICHELE GARDNER	at (305) 801-7104 (Area Code & Daytime Telephone Number)	
(Name of Pers	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.0	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



	507(ID
I. HANSEL BENNETT	_, hereby resign as
of BMI-BENNETT MORTGAGE INVESTI	MENT, CORP.
(Name of Corpora	tion)
POGODO 82408 a corpo	oration organized under the laws of the State of
FLORIDA	
Hu Signature of	f 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