906000100839

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ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations	_
SUBJECT: Guaranteed Mortgage	Solutions, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P06000	1100839
The enclosed Officer/Director Resignation	tion for a Corporation and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Donna C. Thomas	
(Name of Person)	
Guaranteed Mortgage Solutions, I	nc.
(Name of Firm/Comp	any)
4275 North Pine Island Road	
(Address)	
Sunrise, FL 33351	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
Barbara Engel	at (954) 963-4740 (Area Code & Daytime Telephone Number)
(Name of Person)	
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
C 85	
	Iailing Address:
Division of Corporations D	Pivision of Corporations
Clifton Building P	ost Office Box 6327
2661 Executive Center Circle T Tallahassee, FL 32301	allahassee, FL 32314
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TO:



September 26, 2006

DONNA C. THOMAS GUARANTEED MORTGAGE SOLUTIONS, INC. 4275 NORTH PINE ISLAND RD. SUNRISE, FL 33351

SUBJECT: GUARANTEED MORTGAGE SOLUTIONS, INC.

Ref. Number: P06000100839

We have received your document for GUARANTEED MORTGAGE SOLUTIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 206A00057281

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michele LePage	, hereby resign as(Title)	
of Guaranteed Mortgage Solutions, Inc. (Name of Corpora	tion)	
P06000100839 , a corpo	oration organized under the laws of the State of	
Florida		
Middle (Signature o	SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA Freedgning officer/director)	FILED

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