

PD7000004496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

o/b  
7/14

SL

12-3008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Community Home Mortgage Lenders, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Thomas D. Siplin  
(Name of Person)

Community Home Mortgage Lenders, Inc.  
(Name of Firm/Company)

1441 Pineburke Lane  
(Address)

Fl. Pierce, FL 34947  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas D. Siplin at ( 772 ) 480-4043  
(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

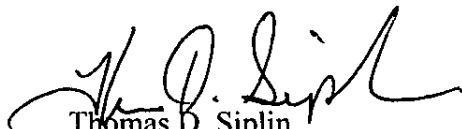
December 15, 2008

To Whom It May Concern:

I, Thomas D. Siplin, the sole owner and 100% shareholder of Community Home Mortgage Lenders, Inc. hereby request the dissolution of said company effective immediately. Attached are the Officer/Director Resignation for a Corporation and Cover Letter.

If you have any questions or concerns please do not hesitate to call me at the number listed below.

Sincerely,



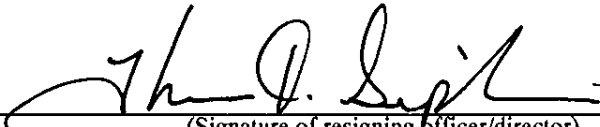
Thomas D. Siplin  
772-480-4043

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Thomas D. Siplin, hereby resign as President  
(Title)

of Community Home Mortgage Lenders, Inc.  
(Name of Corporation)

P07000004496, 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

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