## P07000006231

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City.	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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07 DEC -6 PH 2: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign ain Murphy 12/12/07

## COVER LETTER

**Unlimited Options Mortgage** SUBJECT: (Name of Corporation) P07000006231 **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: **Tina Root** · (Name of Person) **Unlimited Options Mortgage** (Name of Firm/Company) 12031 Cypress Links Dr (Address) Fort Myers, FL 33913 (City/State and Zip Code) For further information concerning this matter, please call: Gia DiLorenzo (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327 Street Address:
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

τ Tina Root	, hereby resign as VP	
1)	, nerooy reargn us	(Title)
of_Unlimited Options Mortgage,	corporation	· · · · · · · · · · · · · · · · · · ·
(Narr	ne of Corporation)	
P0700006231 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
Lina	(Signature of resigning officer/director)	O7 DEC -6 PM 2:5  SECRETARY OF STAINALLAHASSEE, FLORE
	FILING FEE IS \$35.00	D STAIL STORIDA

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

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