

PD7000085944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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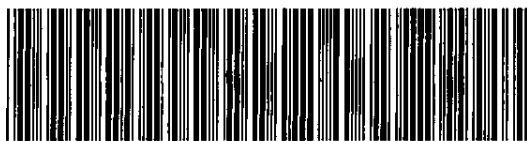
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off Resign  
Thuis  
1-6-11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIONAL LOSS MITIGATION AND PROPERTY MANAGEMENT S  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000085944

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

Please return all correspondence concerning this matter to the following:

DAVID W. REEVE

(Name of Person)

NATIONAL LOSS MITIGATION AND PROPERTY M

(Name of Firm/Company)

1140 LEE BLVD. SUITE 102

(Address)

LEHIGH ACRES, FL 33936

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID W. REEVE

(Name of Person)

at ( 239 ) 810-4127

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2011 JAN -3 A 11: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, LUISA L. REEVE, hereby resign as VP  
(Title)

of NATIONAL LOSS MITIGATION AND PROPERTY MANAGEMENT SERVICES, INC.  
(Name of Corporation)

P07000085944, 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

State of Florida  
Dec. 30<sup>th</sup>, 2010

County of Lee

