

PO70000086497

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA DREAM TEAM MORTGAGE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000086497

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

Please return all correspondence concerning this matter to the following:

DUNESKA GRANT

(Name of Person)

FLORIDA DREAM TEAM MORTGAGE, INC.

(Name of Firm/Company)

6308 ROYAL TERN CIRCLE

(Address)

BRADENTON, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

DUNESKA GRANT

(Name of Person)

at ( 941 ) 374-2272

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, F 3 314

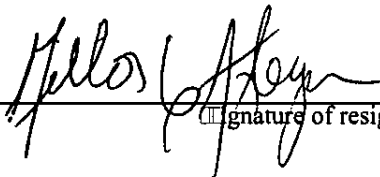
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MILTON ARTEAGA, here ☐ resign as DIRECTOR  
☐ Title ☐

of FLORIDA DREAM TEAM MORTGAGE, INC.  
☐ Name of Corporation ☐

P07000086497, a corporation organized under the laws of the ☐ State of  
☐ Locu ☐ ent ☐ u ☐ er, if ☐ ho ☐ n ☐

FLORIDA ☐

  
☐ Signature of resigning officer/director ☐

**FILING FEE IS \$35.00**

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

☐ End ☐ ent ☐ ection  
☐ ivision of Cor ☐ orations  
P ☐ O ☐ Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
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