

P03000038384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

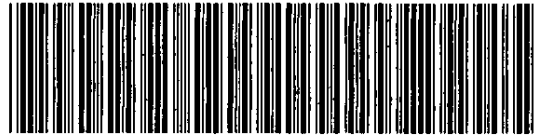
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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800134516898

*Resignation
of officer*

08/18/08--01062--007 **35.00

FILED
2008 AUG 18 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*POK
8/21/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loan Modification Solutions Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000038384

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

Please return all correspondence concerning this matter to the following:

Maria L. Dupre
(Name of Person)

(Name of Firm/Company)

889 Spoonbill Circle
(Address)

Weston FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria L. Dupre at (954) 818-1966
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2008 AUG 18 PM 3:43


**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Maria L. Dupre, hereby resign as Director
(Title)

of Loan Modification Solutions Inc.
(Name of Corporation)

P08000038384, 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