

P08 000 102359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

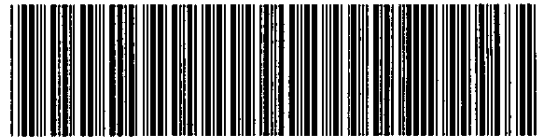
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

8-4-09

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mortgage Modification Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000102359

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

Please return all correspondence concerning this matter to the following:

Cora Menendez
(Name of Person)

(Name of Firm/Company)

175 S.W. 24th Rd.
(Address)

Miami, FL 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

Cora Menendez at (305) 854-7758
(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**

I, Cora Menendez, hereby resign as President
(Title)

of Mortgage Modification Solutions, Inc.
(Name of Corporation)

P08000102359, 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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