## 799000004372

(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:	7

Office Use Only



200043425962

12/22/04--01005--013 \*\*87.50

04 DEC 23 PH I: 12

600000001319 600000001319

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GUARANTEED MORTGAGE BROKERS, INC. (Name of Corporation)
DOCUMENT NUMBER: P99000004372
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elaine M. Gatsos, Esq. (Name of Person)
Law Office of Elaine M. Gatsos (Name of Firm/Company)
1499 West Palmetto Park Road, Suite 210 (Address)
Boca Raton, FL 33486 (City/State and Zip Code)
For further information concerning this matter, please call:
Elaine M. Gatsos at (561 ) 750-1120 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
lorida Statutes, the undersigned, Elaine M. Gatsos, Esq. (Name of Registered Agent)
ereby resigns as Registered Agent for <u>Guaranteed Mortgage Brokers, Inc.</u> , (Name of Corporation)
P9900004372 (Document Number, if known)
copy of this resignation was mailed to the above listed corporation at its last known address.
the agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.  (Signature of Resigning Agent)
signing on behalf of an entity:
ELAINE M GAISUS (Typed or Printed Name)
ATTORNEY (Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314