

NO10000003530

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*No 10000003530  
OK ODR 5/14/04  
5-14-04*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSURED CREDIT COUNSELING INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N01000003530  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

WILLIAM PLATTER  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

7040 W PALMETTO PARK RD #4-255  
\_\_\_\_\_  
(Address)

BOCA RATON, FL 33433  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM PLATTER at ( 561 ) 542-8004  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WILLIAM L PLATTER, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of ASSURED CREDIT COUNSELING INC  
(Name of Corporation)

N01000003530, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
04 MAY 14 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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