

N/O/000003530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

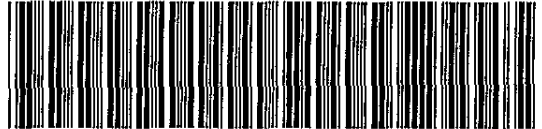
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSURED CREDIT COUNSELING
(Name of Corporation)

DOCUMENT NUMBER: NO 100000 3370

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

MICHAEL DEIT
(Name of Person)

ASSURED CREDIT COUNSELING
(Name of Firm/Company)

3773 ~~W~~ NW 126TH AVE #17
(Address)

CORAL SPRINGS, FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT SPIEWAK at (954) 753-9069
(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

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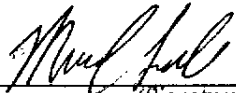
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MICHAEL BELL, hereby resign as BOARD MEMBER.
(Title)

of ASSURED CREDIT COUNSELING, INC.
(Name of Corporation)

NA1000003530, 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