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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 1000009530

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 FAGAN  
(Name of Person)

ASSURED CREDIT COUNSELING  
(Name of Firm/Company)

3773 NW 126 AVE #3  
(Address)

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

For further information concerning this matter, please call:

ROBERT SPIELMAN at (954) 755 9063  
(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, MICHAEL FAGAN, hereby resign as BOARD MEMBER  
(Title)

of ASSURED CREDIT COUNSELING, INC  
(Name of Corporation)

NA1000002530 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Michael Fagan  
(Signature of resigning officer/director)

06 FEB 28 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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