

**NO 100000 3530**

No Return Address  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

- PICK-UP     WAIT     MAIL

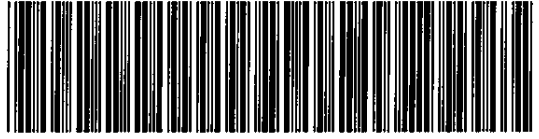
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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Office Use Only



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04/27/07--01017--040    \*\*35.00

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*Res*

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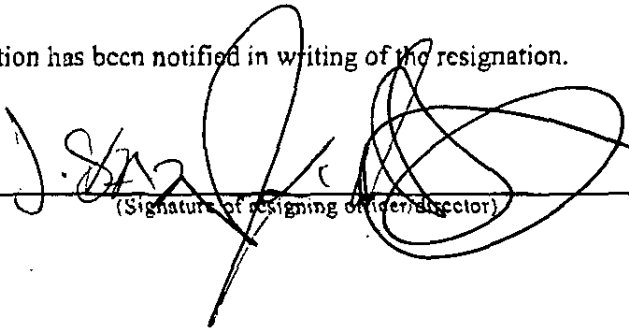
07 APR 27 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**OFFICER / DIRECTOR RESIGNATION**

I, JEFFREY DANKINS, hereby resign as Director  
 (Title)  
 of Assured Credit Counseling, Inc.  
 (Name of Corporation)  
 a corporation organized under the laws of the State of FL

and affirm that the corporation has been notified in writing of the resignation.

  
 (Signature of resigning officer/director)

**FILED**  
 07 APR 27 PM 2:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

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