## N9600000482

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| · (**\dailebb)                          |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Boothen Hamber)                        |
|   |
| Certified Copies Certificates of Status |
| •                                       |
| Special Instructions to Filing Officer: |
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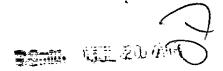
Office Use Only



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07/18/05--01025--014 \*\*35.00





## TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: Advocate Counseling Schvices, Inc. (Name of Corporation)  DOCUMENT NUMBER: N9600000482        |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.          |
| Please return all correspondence concerning this matter to the following:                              |
| Carolyn Drakas (Name of Person)  |
| Advocate Courseling Sovices, Inc. (Name of Firm/Company) of  200 S.E. Gan Street, Suite 400  (Address) |
| 200 S.E. Gan Street, Suite 400<br>(Address)  |
| Ff. Lauderdak Fr. 3330/<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| (Name of Person) at (954) 779-7577 (Area Code & Daytime Telephone Number)                              |

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

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

CR2E044(11/02)

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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Mattin Muttagh, hereby resign as President, Men   | Director |
|--|----------|
| of Advocate Counseling Jervices, Inc., (Name of Corporation)                                   |          |
| N960000482, a corporation organized under the laws of the State of (Document Number, if known) | -· -:    |
| <u>Florida</u>   | NO.      |

SEE Attached Resignation
(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



June 15, 2005

Advocate Counseling Services, Inc. 200 SE 6th Street, Suite 400 Fort Lauderdale, Florida 33301

RE: RESIGNATION OF MARTIN MURTAGH AS MEMBER, DIRECTOR & PRESIDENT OF ADVOCATE COUNSELING SERVICES, INC.

To Whom It May Concern:

Please be advised that I hereby resign my position as a Member in Advocate Counseling Services, Inc., as well as my position as a Director, and as President of the Corporation.

My resignation will be effective as of 5:00 p.m. on the date of this letter.

Sincerely,

MARTIN MURTACH