

P05000154849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

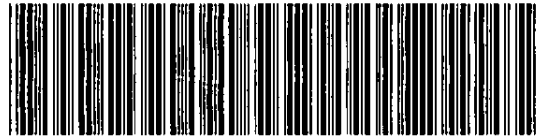
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ogy Resign
C.COULLETTE

APR 29 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSULTING & CREDIT SOLUTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000154849

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBA ALARCON

(Name of Person)

CONSULTING & CREDIT SOLUTIONS, INC

(Name of Firm/Company)

4928 HOLLYWOOD BLVD APT 21

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBA ALARCON

(Name of Person)

at (954) 5496193

(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, ALBA ALARCON, hereby resign as PRESIDENT
(Title)

of CONSULTING & CREDIT SOLUTION, INC
(Name of Corporation)

P05000154849, 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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