F98000004923

| (Re | questor's Name) | |
|-------------------------|--------------------|--------------|
| | | |
| (Ad | dress) | |
| (Au | uiess) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | |
| (Cit | y/State/Zip/Prione | ; # <i>)</i> |
| | | |
| ☐ PICK-UP | MAIT | MAIL |
| | | |
| /Qu | siness Entity Nam | 20) |
| (Bu | Siness Littly Nan | 16) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificatos | of Status |
| Ceranica Copies | _ Certificates | Of Status |
| | | |
| Special Instructions to | Filing Officer | |
| | g Gcc | |
| P | | |
| | | |
| | | |
| | | , |
| | | |
| | | |
| | | J |
| | | |

Office Use Only



100109198001

09/18/07--01010--004 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

, APPROYEU AND :FILED

off Resign.

C. Coulliste SEP 2 1 2007

COVER LETTER

| • | | |
|-----------------|-----------------------|-------------------|
| | | |
| SUBJECT: + IRST | YERFORMBALE REC | DUERY CORPORATION |
| | (Name of Corporation) | |

DOCUMENT NUMBER: 493508

Amendment Section Division of Corporations

TO:

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

Please return all correspondence concerning this matter to the following:

JOHN H ESTES
(Name of Person)

FIRST PERFORMANCE RECOVERY CORP (Name of Firm/Company)

600 PILOT RD

LAS UEGAS NU. 89119
(City/State and Zip Code)

For further information concerning this matter, please call:

TOHN I- ESTES at (702) 951-1000 EXT21028 (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, JOHN TO | NETTI, hereby resign as | PRESIDENT (Title) |
|-----------------------------------|--|--------------------------|
| of FIRST PER | REDRINANCE RECOVER (Name of Corporation) | ey Corporation |
| H93508 (Document Number, if kn | , a corporation organized under | the laws of the State of |
| NEVADA | <u> </u> | |

(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 SECRETARY OF STA

APPROVEL AND FILED