

H34158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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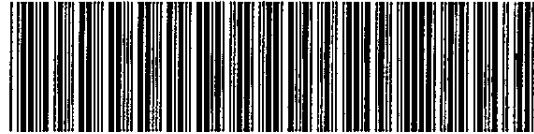
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lone Star Recovery Service, Inc.
(Name of Corporation)

DOCUMENT NUMBER: H34158

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

Please return all correspondence concerning this matter to the following:

Kevin B Hill
(Name of Person)

Lone Star Recovery Svc. Inc
(Name of Firm/Company)

P.O. Box 3745
(Address)

Pensacola, Fl. 32516
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE A. Hill/Kevin Hill at 850, 4763539
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

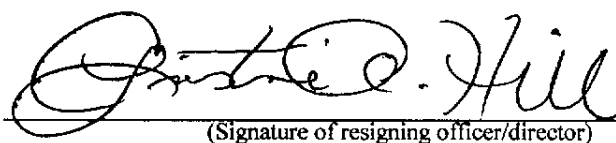
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CHRISTINE A. Hill, hereby resign as office mgr.
(Title)

of Lone Star Recovery Service Inc.,
(Name of Corporation)

H34158, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

 8-12-04
(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