

✓ NOU00000 1128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

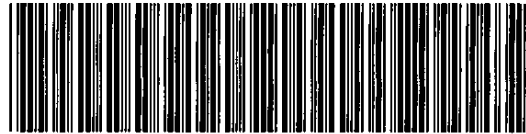
(Business Entity Name)

(Document Number)

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Handwritten initials/signature

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JULIAN CONSUMER COUNSELING SERVICES, INC.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000001188

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

Please return all correspondence concerning this matter to the following:

JAY M. WELLER

\_\_\_\_\_  
(Name of Person)

JULIAN CONSUMER COUNSELING SERVICES, INC.

\_\_\_\_\_  
(Name of Firm/Company)

18820 U.S. 19 N., BLDG 2, #200

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

CLEARWATER, FL 33764-3166

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAY M. WELLER

\_\_\_\_\_  
(Name of Person)

at ( 727 ) 539-7701

\_\_\_\_\_  
(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

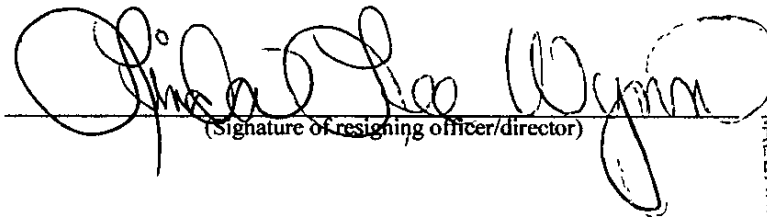
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LINDA LEE WYNN, hereby resign as TREASURER  
(Title)

of JULIAN CONSUMER COUNSELING SERVICES, INC.  
(Name of Corporation)

N00000001188, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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