N01000008032

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	sin ess En tity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer.	
		1

Office Use Only

OD/Res 008.29.04



600078948626

n8/25/06--01035--002 **35.00

06 AUG 25 PH 3: 18

SECRETARY OF STATE

COVER LETTER

Division of Corporations American Debt Counseling, Inc. (Name of Corporation) N01000008032 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David S. Hollander (Name of Person) American Debt Counseling, Inc. (Name of Firm/Company) 10766 Wiles Road (Address) Coral Springs, FL 33076 (City/State and Zip Code) For further information concerning this matter, please call: David S. Hollander 656-8080 Ext 2102 (Area Code & Daytime Telephone Number) (Name of Person) 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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_L Mariella Pino	, hereby resign as Director		
<u> </u>	(Title)		
of_ American Debt Counseling	•		
(N	me of Corporation)		
(Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			
	(Signature of resigning officer/director) OF AUG 25 PM 3: 18		
	THE TWO REFERENCES AND		

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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