

No10000008032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

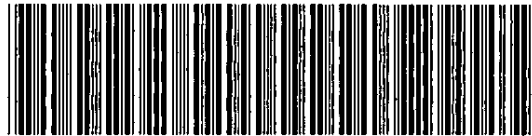
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TALLAHASSEE, FLORIDA

08 AUG 25 PM 2:06

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O/D Resign.

09/02/08
Dc



A 501(C)(3) Non-Profit Organization

August 21, 2008

By Overnight Delivery

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Re: American Debt Counseling, Inc. ("ADC") (Document No. N01000008032)
Resignation of Director

Dear Sirs:

In compliance with the fee schedule set forth in FSA § 617.0122, enclosed you will find a check in the aggregate amount of \$43.75. This amount represents the \$35.00 due for the Resignation form regarding one of ADC's Directors, and an \$8.75 fee in order to certify the extra copy of the Resignation we have enclosed herein.

Pursuant to FSA § 617.0123(2) and FSA § 617.0807(2), the effective date of the resignation of Ms. Hope Fox as a Director of ADC is Tuesday, September 2, 2008.

If you have any questions, please do not hesitate to contact me at the telephone number or email address set forth below. For your convenience, we have enclosed herein a pre-addressed over-night package in order that the certified copy of the filed Resignation may be forwarded to our attention in an expedited manner.

With kind regards,

Skip Klauber
American Debt Counseling, Inc.
Consultant- Compliance Department
14051 NW 14th Street
Sunrise, Fl. 33323
(954) 656-8080 (ext. 2702)
(954) 656-8090 (fax)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Debt Counseling, Inc
(Name of Corporation)

DOCUMENT NUMBER: N01000008032

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

Please return all correspondence concerning this matter to the following:

Skip Kaubler

(Name of Person)

American Debt Counseling, Inc.

(Name of Firm/Company)

14051 N.W. 14TH ST

(Address)

Sunrise Florida 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

Skip Kaubler

(Name of Person)

at (954) 656-8080 Ext 2702

(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, Fox Hope, hereby resign as Director
(Title)

of American Debt Counseling, Inc.
(Name of Corporation)

N01000008032, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
08 AUG 25 PM 2:06
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