## N01000008032

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
(Only/State/Zip/Tholle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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TBrown 9-30-11

## **COVER LETTER**

SUBJECT:\_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: Erika Arroyave (Name of Person) American Debt Counseling, Inc. (Name of Firm/Company) 14051 N.W. 14th Street (Address) Sunrise, Florida 33323 (City/State and Zip Code) For further information concerning this matter, please call: Erika Arroyave 954 656-8080 (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: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION 201/SEP 29 FM D: 40 FOR A CORPORATION MILLAMASSEE, FLORION TAILLAMASSEE, FLORION

<sub>r</sub> Maria C Braga	, hereby resign as President / Director
',	(Title)
of American Debt Counseling, Inc.	
(Name of C	orporation)
N0100008032 , a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
(subc)	20 July
(Signa	ature 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