

N02000009970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

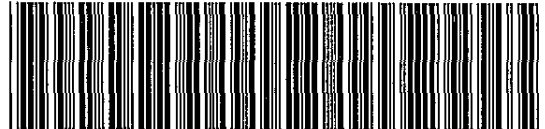
(Business Entity Name)

(Document Number)

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*Off Resign
T. Lewis 5/4/04*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Debt Consolidators, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N02000009970

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

Please return all correspondence concerning this matter to the following:

Darren Lastofsky
(Name of Person)

(Name of Firm/Company)

10037 Lexington Estates Blvd
(Address)

Boca Raton, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Lastofsky at (561) 942-0059
(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**

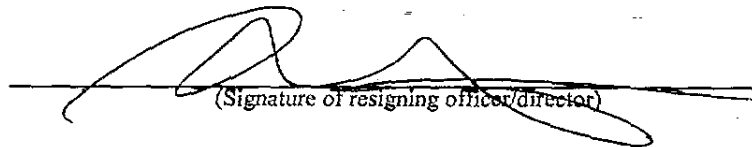
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Darven Lastobley, hereby resign as President
(Title)

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

1102000009970, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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