*N10000009030

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800188539058

800188539058 12/10/10--01016--008 ***35.00

> SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

off. Resign.

DEC 15 2010

Th

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Consumer Financial Relief Cor (Name of Corporation)
DOCUMENT NUMBER: N1000009030
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Veerle Guitar (Name of Person)
Consumer Financial Relief Corp (Name of Firm/Company)
6699 N Federal Hwy #101 (Address)
Boca Rator FL 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
Vecric Guitar at (888) 516-7027 (Name of Person) (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

ú,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE. FLORIDA

, Nicole Bates	, hereby resign as (Title)
of Consumer Fig.	nancial Relief Corp.
(Document Number, if known)	, a corporation organized under the laws of the State of
Florido	

(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