

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

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Account Number : I19980000057
Phone : (850)973-4186
Fax Number : (850)973-8564

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
INTERNATIONAL RECOVERY MANAGEMENT, INC.**

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TRANSMITTAL LETTER

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TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL RECOVERY MANAGMENT, INC.

(Name of Corporation)

DOCUMENT NUMBER: N12000003054

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

KIMBERLY D. NACHTWEY

(Name of Person)

INTERNATIONAL RECOVERY MANAGEMENT, INC.

(Name of Firm/Company)

POST OFFICE BOX 57

(Address)

GREENVILLE, FLORIDA 32331

(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY D. NACHTWEY

(Name of Person)

at (_____)

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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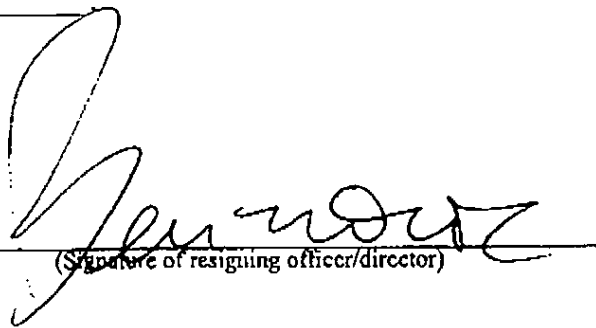
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KARL BENZIO, hereby resign as DIRECTOR
(Title)

of INTERNATIONAL RECOVERY MANAGEMENT, INC.
(Name of Corporation)

N12000003054, 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

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