

N49019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

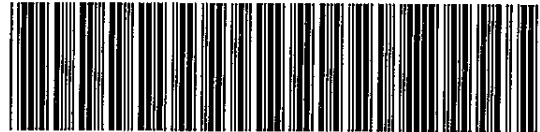
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500011141515

01/29/03--01068--003 **35.00

FILED

03 JAN 29 AM 10:36

SECRETARY OF STATE
TAMMSEEC FLOOR

N49019 AM
ODR 1-29-03
378

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Credit Counseling Corporation
(Name of Corporation)

DOCUMENT NUMBER: N49019

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

Please return all correspondence concerning this matter to the following:

John F. Leaberry

(Name of Person)

Family Credit Counseling Corporation

(Name of Firm/Company)

4800 N State Road 7, Suite F-116

(Address)

Lauderdale Lakes, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

John F. Leaberry

(Name of Person)

at (954) 670-0788

(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**

I, Igor Gelman, hereby resign as Vice President and Director
(Title)

of Family Credit Counseling Corporation,
(Name of Corporation)

N49019, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
03 JAN 29 AM 10:36
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