

P000000083796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

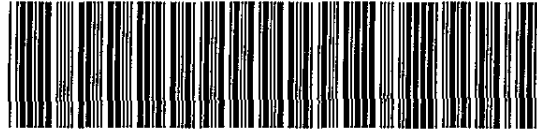
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058996843

09/21/05--01010--002 **35.00

FILED
05 SEP 21 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN SEP 28 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Classic Recovery Inc
(Name of Corporation)

DOCUMENT NUMBER: P00000083796

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

Please return all correspondence concerning this matter to the following:

James R McClain
(Name of Person)

Classic Recovery Inc
(Name of Firm/Company)

P.O. Box 1176
(Address)

Auburndale FL 33823
(City/State and Zip Code)

For further information concerning this matter, please call:

James R McClain at (863) 287-1717
(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**

FILED
05 SEP 21 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lisa A. Debutinski, hereby resign as Vice President
(Title)

of Classic Recovery, Inc.
(Name of Corporation)

P00000083796, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Lisa A. Debutinski
(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