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FILED  
2005 MAY -9 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Officer Resignation*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Workers Compensation Recovery Systems, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 59-3686564

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

Please return all correspondence concerning this matter to the following:

Bonnie Campbell

(Name of Person)

National Workers Compensation Recovery Systems

(Name of Firm/Company)

1025 S. Semoran Blvd., Ste 1093

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Bartlett

(Name of Person)

at ( 863 ) 676-1681 x 285

(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**

2005 MAY -9 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Bonnie Campbell, hereby resign as Director  
(Title)

of National Workers Compensation Recovery Systems, Inc.  
(Name of Corporation)

59-3686564, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Bonnie Campbell  
(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