

01/23/2007 Tue 10:17

Simon, Sigalos & Spyredes, P.A. +1 561 447 00 18

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*PO2000071709*

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0380  
Account Name : SIMON, SIGALOS & SPYREDES, P.A.  
Account Number : 119990000176  
Phone : (561) 447-0017  
Fax Number : (561) 447-0018

2007 JAN 23 PM 3:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**REGISTERED AGENT RESIGNATION**

**CREDITCARE, INC.**

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Creditcare, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000071709

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing  
Please return all correspondence concerning this matter to the following:

Anastasios Tom Spyredes  
(Name of Person)

Simon, Sigalos & Spyredes, P.A.  
(Name of Firm/Company)

120 East Palmetto Park Road, Suite 100  
(Address)

Boca Raton, Florida 33432  
(City/State and Zip Code)

For further information concerning this matter, please call.

Anastasios Tom Spyredes at ( 561 ) 447-0017  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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2007 JAN 23 PM 3:05

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Simon, Sigalos & Spyredes, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Creditcare, Inc.


(Name of Corporation)

P02000071709

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Simon, Sigalos & Spyredes, P.A.

(Typed or Printed Name)

Vice President

(Capacity)

### Fee for filing this document:

\$87.50 - Active corporation

\$35 00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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