

P030000076641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

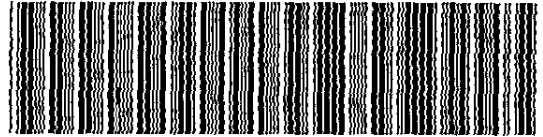
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PIF Recovery Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000076641

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

Please return all correspondence concerning this matter to the following:

Pamela Homsey  
(Name of Person)

PIF Recovery Services, Inc.  
(Name of Firm/Company)

8004 NW 154 St. #405  
(Address)

Miami Lakes, FL 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Homsey at (305) 945-9994  
(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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Debra Montak, hereby resign as Director  
(Title)

of PIF Recovery Services, Inc.  
(Name of Corporation)

903000076641, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Debra L Montak  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA