

PO3000093464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

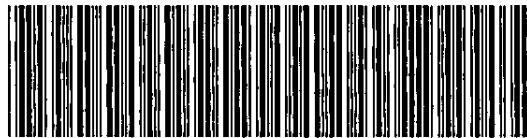
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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800247482638

Resignation  
to officer

05/06/13--01008--001 \*\*35.00

FILED  
2013 MAY -6 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
5/9/13

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSET RECOVERY LOCATORS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000093464

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

Please return all correspondence concerning this matter to the following:

**EARL LAWRENCE**

(Name of Person)

**ASSET RECOVERY LOCATORS, INC.**

(Name of Firm/Company)

**1322 MADISON STREET**

(Address)

**HOLLYWOOD, FLA 33019**

(City/State and Zip Code)

For further information concerning this matter, please call:

**EARL LAWRENCE**

(Name of Person)

at ( **954** ) **929-9813**

(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**

2019 MAY -6 PM 4: 04

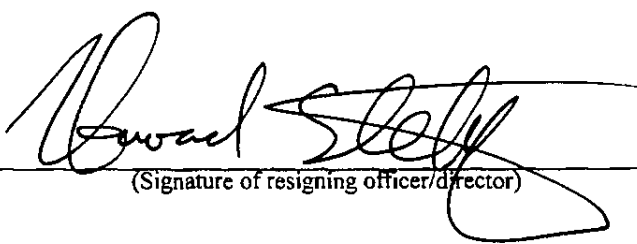
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, HOWARD STEKLOF, hereby resign as VICE PRESIDENT  
(Title)

of ASSET RECOVERY LOCATORS, INC  
(Name of Corporation)

P03000093464, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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