## P03000194392

(Re	questor's Name)	
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(Ad	dress)	
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(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECTIONARY OF STATE
TALLAHASSEE, FLORIDA

RA Alesign Thurs 3-3-09

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	JECT: CONSUMER CREDIT CONSOLIDATION, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000094392
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Мац	ıreen A Gaviola
	(Name of Person)
CO	NSUMER CREDIT CONSOLIDATION, INC.
	(Name of Firm/Company)
281	1 NE Ninth Ct
	(Address)
Pon	npano Beach, FL 33062-4210
	(City/State and Zip Code)
For ft	orther information concerning this matter, please call:
Mau	reen A Gaviola at ( 954 ) 784-8938 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3:	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divisi Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations n Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provis	ions of sections 60	97.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the u	indersigned, Del	borah Bianchi Tracht
		(Name of Registered Agent)
hereby resigns as Registered Agent for		CONSUMER CREDIT CONSOLIDATION, INC.
		(Name of Corporation)
P03000094392		
(Document Num	ber, if known)	_
A copy of this resigna	ition was mailed to	the above listed corporation at its last known address.
The agency is terminathis statement is filed	[[]	discontinued on the 31st day after the date on which mature of Resigning Agent)
If signing on behalf o	f an entity:	
	eborah Bianchi T	Fyped or Printed Name)
R	egistered Agent	
<del></del>		(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