

POS000100111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

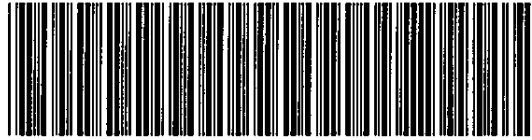
(Business Entity Name)

(Document Number)

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12/20/06--01008--020 \*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC 20 AM 10:26

As interlock  
O/S

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RE: Resignation  
Florida Asset Recovery, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO50000100111  
th

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

Please return all correspondence concerning this matter to the following:

Philip C. O'Connor  
(Name of Person)

Florida Asset Recovery, Inc  
(Name of Firm/Company)

5398 Heronview Ct.  
(Address)

JACKSONVILLE, FL 32257  
(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN P. O'Connor at (305) 245 3230  
(Name of Person) (Area Code & Daytime Telephone Number)


Enclosed is a check for \$35.00 made payable to the Florida Department of State.

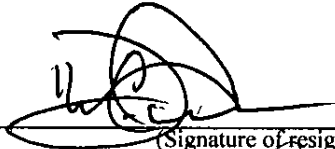
**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC 20 AM 10:26

I, , hereby resign as 12/16/06 Director  
(Title)  
of FLORIDA ASSET RECOVERY, INC.  
(Name of Corporation)  
PO50000 PO5000100111  
(Document Number, if known), a corporation organized under the laws of the State of  
Florida.

  
(Signature of resigning officer/director)  
Philip C. O'Connor

**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