P05000115936

(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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M/ Rin Resign

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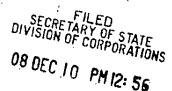
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SOURCE ONE CREDIT REPAIR, INC. (Name of Corporation)
DOCUMENT NUMBER: P05000115936
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
JERRY WEBSTER (Name of Person)
SOURCE ONE CREDIT REPAIR, INC. (Name of Firm/Company)
1100 6TH AVENUE SOUTH, STE 224 (Address)
NAPLES, FLORIDA 34102 (City/State and Zip Code)
For further information concerning this matter, please call:
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



I,	HUGH SUHR		, hereby resign as_	DIRECTOR				
		•		(Title)				
of	SOURCE ONE	CREDIT REPAIR,	INC.					
(Name of Corporation)								
	00115936	, a corpor	ration organized und	ler the laws of the State of				
(D	ocument Number, if ki	nown)						
FLO	RIDA							
		•						
			/					
	\star //	nat P. Suh	~					
	/ -\ / *	(Signature of r	esigning officer/directo	or)				

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