P05000115936

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SOURCE ONE	CREDIT REPAIR, INC.
SUBJECT: SOURCE ONE	(Name of Corporation)
DOCUMENT NUMBER:F	205000115936
The enclosed Officer/Director F	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Edward M. Livingston	
(Name of	Person)
The Livingston Firm	
(Name of Firm	n/Company)
963 Trail Terrace Drive	
(Addr	ess)
Naples, FL 34103	
(City/State and	d Zip Code)
For further information concern	ing this matter, please call:
Edward M. Livingston	at (239) 262-8502 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 to	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
7	(Title)
of SOURCE ONE CREDIT REPAIR,	INC.
(Name of Co	rporation)
P05000115936 , a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
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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