

PG00076823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Credit Counseling Management Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0600076823

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

Please return all correspondence concerning this matter to the following:

David Hollander

(Name of Person)

American Debt Counseling Inc.

(Name of Firm/Company)

10766 Wiles Road

(Address)

Coral Springs, Florida 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

David S. Hollander

(Name of Person)

at (954) 656-8080

(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**

I, Marie Claycomb, hereby resign as President, Director
(Title)

of Credit Counseling Management Services Inc.
(Name of Corporation)

P0800076823, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Marie Claycomb
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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