

P06000118193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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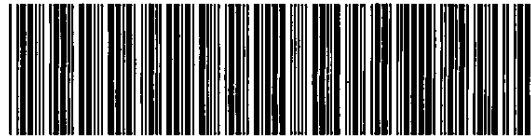
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aggressive Recovery of Central Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000118193

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

Please return all correspondence concerning this matter to the following:

Clifford Geismar

(Name of Person)

The Law Office of Clifford J. Geismar

(Name of Firm/Company)

2431 Aloma Avenue, Suite 150

(Address)

Winter Park, Florida 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford J. Geismar

(Name of Person)

at (407) 673- 1087

(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

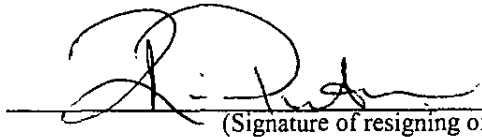
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Robie Putman, hereby resign as Director
(Title)

of Aggressive Recovery of Central Florida, Inc.
(Name of Corporation)

P06000118193, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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