

P06000145194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

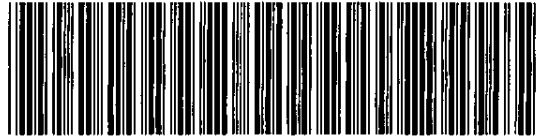
(Document Number)

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APPROVED
AND
FILED
07 NOV -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign

C. Coufflette NOV 05 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P06000145194

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

Please return all correspondence concerning this matter to the following:

Joshua Thomas
(Name of Person)

Central Florida Recovery
(Name of Firm/Company)

PO Box 881133
(Address)

Port St Lucie, FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Thomas at (772) 626-2336
(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

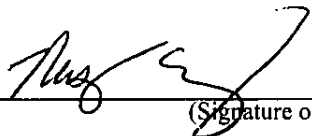
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rusty Ennis, hereby resign as Vice President
(Title)

of Central Florida Recovery, Inc
(Name of Corporation)

P06000145194, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

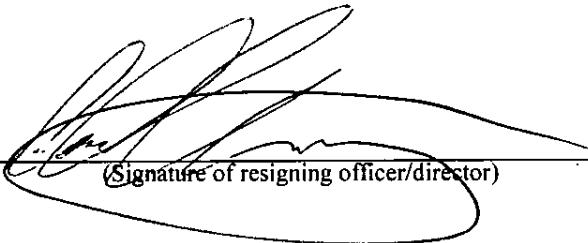
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Adrian Albury, hereby resign as Vice President
(Title)

of Central Florida Recovery, Inc
(Name of Corporation)

P06000145194, 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

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