P06000/51702

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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Amendment Section

Division of Corporations

TO:

SUBJECT: Central Florida Recovery Specialist, Inc (Name of Corporation) P06000151702 **DOCUMENT NUMBER:** 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 772) 626-2336 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building Post Office Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2001 NOV 2 AM 9: 40 **Rusty Ennis** hereby resign as (Title) Central Florida Recovery Specialist, Inc (Name of Corporation) P06000151702 _, 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