

P87000021787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

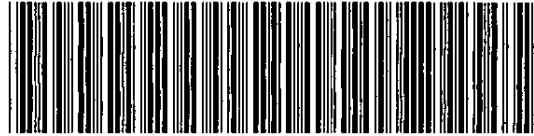
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

b/b  
[Signature]

8805

[Signature]

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Debt Management Counseling Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000021787

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

Please return all correspondence concerning this matter to the following:

Michael Bradford  
(Name of Person)

Debt Management Counseling Center, Inc.  
(Name of Firm/Company)

777 E. Atlantic Ave., Suite C2-370  
(Address)

Delray Beach, FL 33483  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Bradford at (561)  
(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

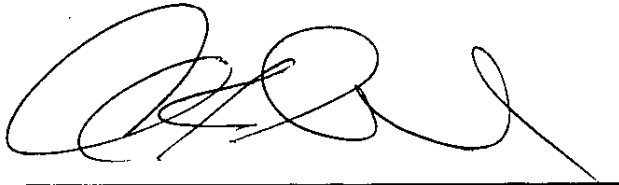
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Charles Fendon, hereby resign as President and Director  
(Title)

of Debt Management Counseling Center, Inc.  
(Name of Corporation)

P07000021787, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILED**  
2008 AUG 14 PM 1:18  
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