## P07000085467

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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OT AHASSEE, FI ORIDA

Officer Resign Erin murphy 12/4/07

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: INVISIBLE RECOVERY CORP.
505	(Name of Corporation)
DOC	CUMENT NUMBER: P07 000085467
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
JAN	MES W. SCHUPOLSKY
	(Name of Person)
INV	ISIBLE RECOVERY CORP.
	(Name of Firm/Company)
141	51 SW 26 STREET
	(Address)
DA	VIE, FLORIDA 33325-5008
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
JAM	IES W. SCHUPOLSKY  (Name of Person)  at ( 954 ) 693-9700  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address:  Indment Section Sion of Corporations On Building Executive Center Circle  Section Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOHN J. MORAN	, hereby resign as SECRETARY	
-,	,,	(Title)
of INVISIBLE RECOVERY CO	DRP.	
(Na	me of Corporation)	
P07 000085467 (Document Number, if known)	, a corporation organized under the laws of	of the State of
FLORIDA		
Jahn	(Signature of resigning officer/director)	FILED  07 DEC -3 AMII: 40  SECRETARY OF STAIL FALLAHASSEE, FLORIDA
	FILING FEE IS \$35.00	S ←

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314