

P07000109646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

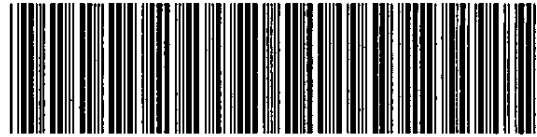
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/21/08--01024--019 **35.00

7/22/08
Officer Resign
Erin Murphy

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Credit Rehab Solution Experts Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P07000109646

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

Please return all correspondence concerning this matter to the following:

Aguero, Nairobi A

(Name of Person)

Credit Rehab Solution Experts Incorporated

(Name of Firm/Company)

4501 W McNab Rd, Ste 24

(Address)

Pompano Beach, FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

John Wilkinson

(Name of Person)

at (954) 317-2823

(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, Nairobi A. Aguero, hereby resign as VP
(Title)

of Credit Rehab Solution Experts Incorporated,
(Name of Corporation)

P07000109646, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Nairobi A. Aguero
(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