P07000114096

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



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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Debt Rescue, Inc	
	(Name of Corporation)
DOCUMENT NUMBER: P070	00114096
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Steve Capasso	
(Name of Perso	on)
Debt Rescue, Inc.	
(Name of Firm/Cor	npany)
4555 Palm Ridge Blvd	
(Address)	
Delray Beach, FL 33445	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Steve Capasso	at (561) 789 4910 (Area Code & Daytime Telephone Number)
(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, Ximena Bernal	, hereby resign as VP	
	, , , , , , , , , , , , , , , , , , , ,	(Title)
of Debt Rescue		
	lame of Corporation)	,
P07000114096	, a corporation organized under the laws of the State of	
(Document Number, if known)	, a corporation organized under the	iaws of the state of
Florida		
	·	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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