P08000076475

(Requestor's Name)		
(Address)		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Realistic Credit Repair Inc
(Name of Corporation)

DOCUMENT NUMBER: 70 8 0 000 76475

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

Please return all correspondence concerning this matter to the following:

Fleret Monteagued o

Realistic Credit Repair Inc (Name of Firm/Company)

P.O. Box (50075

(Address)

miami Fl 33265
(City/State and Zip Code)

For further information concerning this matter, please call:

Tlend Monteagude at (305) 321-7313 (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



February 12, 2010

ILERET MONTEAGUDO REALISTIC CREDIT REPAIR INC. P. O. BOX 650175 MIAMI, FL 33265

SUBJECT: REALISTIC CREDIT REPAIR INC.

Ref. Number: P08000076475

We have received your document for REALISTIC CREDIT REPAIR INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 510A00003639

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, I level monte	agudo, hereby resign as Vic	ce-President
of Realistic (Nam	Credit Repa	irtnc.
P0800076475 (Document Number, if known)	, a corporation organized under the	laws of the State of
Florida	<u>_</u> .	
	(Signature of resigning officer/director)	TALLAHASSEE, FL

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