109000044694

	(Requestor's Name)
- -	
	(Address)
	(Address)
	(Address)
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 	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
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	(Business Entity Name)
	(Decument Number)
	(Document Number)
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Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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Office Use Only



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Of / Did Resign

10 JUL -6 AM II: 23

COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: Action Debt Re	covery Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	P09000044694
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	ce concerning this matter to the following:
Richard A. Wynn	
(Name o	f Person)
Action Debt Recovery Inc.	
(Name of Fir	in/Company)
9340 N. 56th Street Suite	#110
· (Add	ress)
Temple Terrace, FL 33617	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
Richard A. Wynn	at (813) 600-6551
(Name of Person	at (813) 600-6551 (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



Tamela R. Wynn	, hereby resign as Director		
	Title		e)
of Action Debt Recovery Inc .		. :	
. (Name of	'Corporation)		
P09000044694 (Document Number, if known)	, a corporation organized	under the laws of the State of	• -
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