

P100000006571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

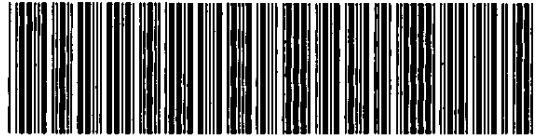
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

APR 26 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEBT SETTLEMENT CENTER, INC.

(Name of Corporation)

DOCUMENT NUMBER: P10000006571

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

Please return all correspondence concerning this matter to the following:

JOHN M. SARJI

(Name of Person)

DEBT SETTLEMENT CENTER, INC.

(Name of Firm/Company)

3000 N. FEDERAL HWY #7

(Address)

FT. LAUDERDALE, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN M. SARJI at (954) 390-7994

(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

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2010 APR 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

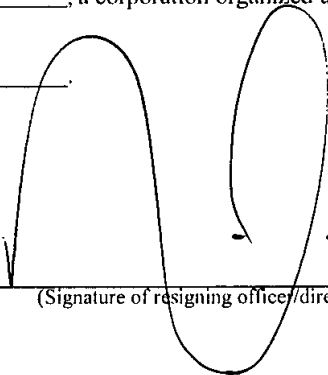
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JASON J. SARJI, hereby resign as PRESIDENT/STOCK HOLDER
(Title)

of DEBT SETTLEMENT CENTER, INC.
(Name of Corporation)

P10000006571, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

4-21-2010

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