

P100000026073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100182614291

06/28/10--01027--022 **35.00

FILED

2010 JUN 28 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

JUN 29 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITOL RECOVERY SERVICES CORP.
(Name of Corporation)

DOCUMENT NUMBER: P10000026073

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

TUTTLE, BRIAN R

(Name of Person)

CAPITOL RECOVERY SERVICES CORP.

(Name of Firm/Company)

8910 WENDY LANE W

(Address)

WEST PALM BEACH FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

ELSER, RICKY C

(Name of Person)

at (561) 880 7833

(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**

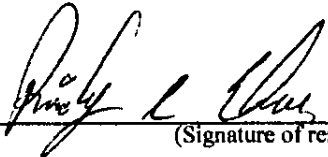
FILED
2010 JUN 28 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ELSER, RICKY C, hereby resign as Director
(Title)

of CAPITOL RECOVERY SERVICES CORP.
(Name of Corporation)

P10000026073, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 6-21-2010
(Signature of resigning officer/director)

FILING FEE IS \$35.00 *70 ck #1007*

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

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