P10000053619

, (Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

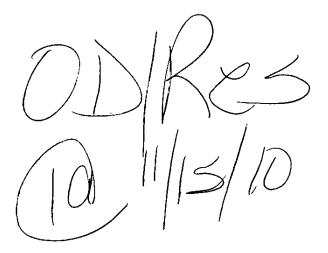


300187481753

11/12/10--01025---022 **35.00

10 NOV 12 PH 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

CD3C044/00/06\

TO:	Amendment Section Division of Corporations
SUB	JECT: CREDIT LAW CORP
	(Name of Corporation)
DOC	CUMENT NUMBER: P10000053619
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
то	DD FULLONE
	(Name of Person)
CR	EDIT LAW CORP.
	(Name of Firm/Company)
140	2 MAPLEWOOD DRIVE
	(Address)
GR	EEN ACRES FL 33415
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
TOE	DD FULLONE at (561) 307-1081 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JUSTIN BUCKI	, hereby resign as PRESIDENT (Title)
***************************************	(Title)
of CREDIT LAW CORP.	
	Corporation)
P1000053619 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
Att. (Sign	nature of resigning officer/director)

FILING FEE IS \$35.00

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

NOV 12 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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