P110000000971

(Req	uestor's Name)		
(Add	lress)		
(Add	lress)		
(City	/State/Zip/Phone	e #)	
PICK-UP		<u> </u>	
(Business Entity Name)			
·	·	·	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
-			

Office Use Only



400213344914

10/27/11--01012--015 **35.00

SECRETARY OF STATE OF STATE OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Interest Recovery Inc.
(Name of Corporation) P11000067971
DOCUMENT NUMBER: P11000067971
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil
Please return all correspondence concerning this matter to the following:
Heidi Behrendt
(Name of Person)
Interest Recovery Inc.
(Name of Firm/Company)
3101 N Nebraska Ave
(Address)
Tampa, FL 33603
(City/State and Zip Code)
For further information concerning this matter, please call:
Heidi Behrendt at (813) 2260687 (Name of Person) (Area Code & Daytime Telephone Number
(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 Tellahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Dylan Arnold	hereby resign as Director	
	,,g uog uo	(Title)
of Interest Recovery Inc.		
(Name	of Corporation)	,
P11000067971 (Document Number, if known)	, a corporation organized under the laws of	of the State of
Florida		
* effective		OIVISION OF CORPORATIONS OIVISION OF CORPORATIONS 11 OCT 27 PM 1: 17.
j	FILING FEE IS \$35.00	<i>.</i> *

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

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