

P120000038087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

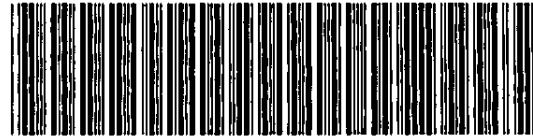
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400246189654

*Resignation
of Officer*

03/29/13--01007--015 **35.00

FILED
2013 MAR 29 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/3/13
DR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCURATE CREDIT REPAIR, INC.
(Name of Corporation)

DOCUMENT NUMBER: P12000038087

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

Please return all correspondence concerning this matter to the following:

DONALD E. SWIFT
(Name of Person)

ACCURATE CREDIT REPAIR, INC.
(Name of Firm/Company)

3936 S. SEMORAN BLVD. #403
(Address)

ORLANDO, FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN GILLESPIE at (407) 758-0778
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2013 MAR 29 PM 3:33

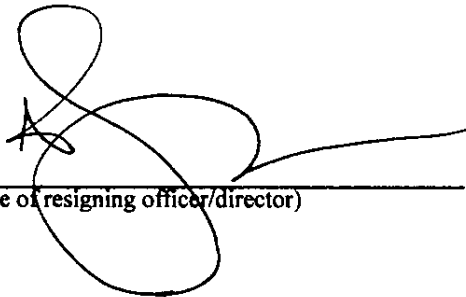
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, AUGUSTUS SOL INVICTUS, hereby resign as VP, SA, S
(Title)

of ACCURATE CREDIT REPAIR, INC.,
(Name of Corporation)

P12000038087, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

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