

P97000032407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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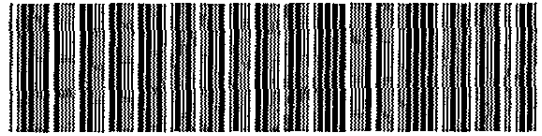
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Accelerated Receivables Management, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P97000032407

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

Please return all correspondence concerning this matter to the following:

Francine Clair Landau, Pres.  
(Name of Person)

Accelerated Receivables Management, Inc.  
(Name of Firm/Company)

3219 Atlantic Blvd.  
(Address)

Jacksonville, FL. 32207  
(City/State and Zip Code)

For further information concerning this matter, please call:

Fran Landau at (904) 398-8705  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Antonio Cruz, hereby resign as Vice-President/Director  
(Title)  
of Accelerated Receivables Management, Inc.  
(Name of Corporation)  
P970000 32407, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

X   
(Signature of resigning officer/director)

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06 NOV 20 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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