V03900

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
<u></u>		
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
•		
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
		
Special Instructions to F	-iling Officer:	

Office Use Only



000040528580

08/27/04--01016--018 **35.00

OH AUG 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORID

RA Resign



Also admitted in Wyoming Nebraska

DILL & EVANS, P.L.

ATTORNEYS AT LAW 1565 US Highway 1 Sebastian, Florida 32958 JOHN G. EVANS
Also Admitted in
California

JEFFREY P. BATTISTA

August 24, 2004

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

Re:

Debit & Credit Counseling of America, Inc.

Document No. V03900

To Whom It May Concern:

The enclosed Resignation of Registered Agent for a Corporation and our check no. 4572 in the amount of \$35.00 are submitted for filing. Please return all correspondence concerning this matter to the following:

Warren W. Dill, Esq. Dill & Evans, P.L. 1565 U.S. Highway 1 Sebastian, FL 32958

For further information concerning this matter, please call:

Warren W. Dill 772-589-1212

Thanking you in advance for your assistance, I remain,

Very truly yours,

Warren W. Dill

WWD/dh Enclosures

ec: Edward A. Zuraw, C.P.A.

-
•
· · · · · · · · · · · · · · · · · · ·
RESIGNATION OF REGISTERED AGENT, SERVICED FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Warren W. Dill (Name of Registered Agent)
hereby resigns as Registered Agent for Debit & Credit Counseling of America, Inc. (Name of Corporation)
V03900
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314