

Division of Corporations

F07000005825

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 12 PM 2:50

FILED

DISSOLUTION OR WITHDRAWAL  
ACCESS RECOVERY AND CREDIT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*Withdrawal*

Electronic Filing Menu

Corporate Filing Menu

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07-15-13

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Access Recovery and Credit Solutions, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Access Recovery and Credit Solutions, Inc.  
(Name of Corporation)

507000005825  
(Document Number of Corporation (if known))

Ohio  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

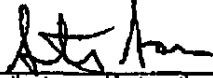
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

7755 Montgomery Road, Suite 400  
(Mailing Address)

Cincinnati, Ohio 45236  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

7/10/13  
(Date)

Stephen J. Schaller  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

**FILING FEE \$35**

**FILED**  
13 JUL 12 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA