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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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DISSOLUTION OR WITHDRAWAL AXCESS RECOVERY AND CREDIT SOLUTIONS, INC.

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CIIDI	ECT: Axcess Recovery and Credit Solutions, Inc.
BUDO	(Name of Corporation)
DOC	UMENT NUMBER:
The er	nclosed withdrawal application and fee are submitted for filing.
	return all correspondence concerning this to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:
<b>\$</b> 3	5 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is 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

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

50700005825	
(Document Number of Corporation (if known)	
Ohio	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the S voluntarily surrenders its authority to transact business or conduct affairs in Florida.	tate of Florida and hereby
This corporation revokes the authority of its registered agent in Florida to accept appoints the Department of State as its agent for service of process based on a cause the time it was authorized to transact business or conduct affairs in Florida.	service on its behalf and se of action arising during
The following is a current mailing address for the corporation:	<b>35 1</b>
7755 Montgomery Road, Suite 400	CR CR
(Mailing Address)	LI2 EIARY HASSE
Cincinnati, Ohio 45236 (City/State/Zip)	
(CRyr same resp)	2:5 F SIA F ( 89
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)	(Date)
Stephen J. Schaller Secretary (Typed or printed name of person signing) (1990	of person signing)
falkan as kumun muma as kungun al@	The state of the s

FILING FEE \$35

FL032 - 01/22/2013 CT Filing Manager Online