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/D-	Allera Noma		
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(Cit	ty/State/Zip/Phone #	<u>)</u>	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	<u> </u>	
(50	iomess Emily Humo	,	
(DC	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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August 11, 2015

RE: CREATIVE RECYCLING SERVICES, LLC (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is _____l __ check in the amount of \$85.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Thoresa Alfieri:

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

National Registered Agents, Inc.



August 11, 2015

RE: CREATIVE RECYCLING SERVICES, LLC (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
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Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

National Registered Agents, Inc.

COVER LETTER

Division of Corporations SUBJECT: CREATIVE RECYCLING SERVICES, LLC (FL. DOM.) Name of Limited Liability Company DOCUMENT NUMBER: L12000032588 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THERESA ALFIERI Name of Person NRAI SERVICES, INC. Name of Firm/Company 111 EIGHTH AVENUE 13TH FLOOR Address NEW YORK, NY 10011 City/State and Zip Code Theresa.Alfieri@Wolterskluwer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (212) 894-8516
Area Code Daytime Telephone Number THERESA ALFIERI Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (12/13)

P.O. Box 6327

MAILING ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the und	ersigned,	
NRAI Services, Inc.		_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	CREATIVE RECYCLING SERVICES, LLC (FL	. DOM.)	
	Name of Limited Liability Company	,	
L12000032588			
Document N	Number, if known		
	tion was mailed to the above listed limited liability		
The agency is terminal	NRAI Services, Inc.		
	By: Signature of Resigning Agent	AUG 19	TILE
If signing on behalf of an entity:		OF STATE F, FLORIDA	Ö
	NRAI SERVICES INC Theresa Alfie	mi 95 2	,
	Typed or Printed Name		;
	Assistant Secretary		
	Capacity		

FILING FEES:

\$ 85.00 | Active limited liability company | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (12/13)