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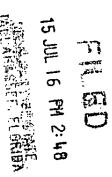
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Global Recovery Services, INC

(Name of Corporation)

DOCUMENT NUMBER: F00000000585

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Stolpmann

(Name of Person)

(Name of Firm/Company)

3137 S Atlantic Ave. #2

(Address)

Daytona Beach Shores, FL 32118

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Stolpmann

(Name of Person)

Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509

Florida Statutes, the undersigned, Robert Stolpmann

(Name of Registered Agent)

(Name of Corporation)

F00000000585

(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:

Robert Stolpmann

(Typed or Printed Name)

Registered Agent

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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