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.

(((H150002637513)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

Phone : (850)656-7956

Fax Number

: (850)656-7953

\*\*Enter the email address for this business entity to be used for 👸 annual report mailings. Enter only one email address please.

FM21	Address:	

## REGISTERED AGENT RESIGNATION NORTH EASTERN ASSET RECOVERY, INC.

Certificate of Status	0
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### H15000263751 3

#### **COVER LETTER**

10.	Division of Corporations
STIR T	ECT: NORTH EASTERN ASSET RECOVERY, INC.
	(Name of Corporation)
DOCI	UMENT NUMBER: F01000004808
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
DE	NELL SPROWL
	(Name of Person)
INC	CORPORATING SERVICES, LTD.
	(Name of Firm/Company)
350	00 S. DUPONT HIGHWAY
	(Address)
DQ	VER, DE 19901
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
DE	NELL SPROWL at (302 ) 531-0707
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

#### H150002637513

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617.1$	,303,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.	
(1921ie of Keristere Akent)	
hereby resigns as Registered Agent for NORTH EASTERN ASSET RECOVE	RY, INC.
(Name of Corporation)	
F0100004808	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know.  The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.  (Signature of Resigning Agent)	
If signing on behalf of an entity:	
TUNISHA SCOTT (Typed or Printed Name)	15 NOV -4 SECRETARY ALLAHASSI
ASSISTANT SECRETARY	RY OF SEE, FI
(Capacity)	1 8: 31

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