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Mi Undrawalkus

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: River Collection & Recovery So	
	(Name of Corporation)
DOCUMENT NUMBER: _ hicen	20 # CCA 0900166
The enclosed withdrawal application a	and fee are submitted for filing.
Please return all correspondence concerr matter to the following:	ning this
Danielle Larson (Dani)	
	(Name of Person)
River Collection & Recovery Service	
	(Firm/Company)
PO Box 992	
	(Address)
Elk River, MN 55330	
	(City/State and Zip code)
For further information concerning this r	matter, please call:
Dani Larson	at (612) 670-0574
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
343.75 Filing Fee (X) S43.75 Filing Fee Certificate of State	& \$\ \\$43.75 \ \text{Filing Fee & } \ \\$52.50 \ \text{Filing Fee,} \\ us \ \ \text{Certified Copy } \ \ \text{Certificate of Status & Certified} \\ \text{(Additional copy is } \ \text{Enclosed)} \end{array}
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

River Collection & Recovery Service, Inc

	(Name of Corpor	ention) /	
	Cense # CCA 09001 (Document Number of Corpo	カカルルカラク	ين يکر م
1	# 0 6 2 6	0004020	SO TO SECOND
hi	cense + CCH 09001	66	<u> </u>
	(Document Number of Corpo	oration (if known)	22
			20 Th
Minnesota			Ge 3
	(Incorporated Under	Laws of)	ভা
	s no longer transacting business or conductors its authority to transact business or co		da and hereby
appoints the Depart	evokes the authority of its registered agreement of State as its agent for service of horized to transact business or conduct after	process based on a cause of action	
The following is a	current mailing address for the corporation	n:	
PO Box 99	92		
	(Mailing Addr	ess)	
Elk River,	MN 55330		
	(City/ State /Z	(ip)	
The corporation ag	grees to notify the Department of State in		g address.
		11-1-13	
(Signature of a receiver or o	director, president or other officer - if in the hands of a ther court appointed fiduciary, by that fiduciary)		
receiver or o Michael E I	a director, president or other officer - if in the hands of a ther court appointed fiduciary, by that fiduciary) Larson, President/Owner and or printed name of person signing)		

FILING FEE \$35

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