

**F1300002553**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
STREAMLINE RECOVERY, INC.**

Certificate of Status	0
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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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*6/20/16*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Streamline Recovery, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** F13000002553

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:

Kate Seidita  
(Name of Person)

C T CORPORATION SYSTEM  
(Name of Firm/Company)

111 8th Avenue, 13th Floor  
(Address)

New York, New York 10011  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kate Seidita at 212 894-8526  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, CT CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for Streamline Recovery, Inc

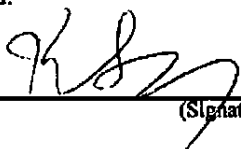
(Name of Corporation)

F13000002553

(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:

CT CORPORATION SYSTEM-Kate Seidita

(Typed or Printed Name)

ASSISTANT SECRETARY

(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**