

F13000003553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

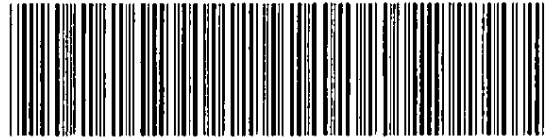
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

AUG 21 2023

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07/18/23--01026--004 \*\*35.00

FILED  
23 JUL 18 PM 1:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## **Creditor's Collection Service, Inc.**

**4530 Old Cave Spring Rd.**

**Roanoke, VA 24018-3423**

State of Florida  
FL Reg Section Division of Corporations  
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: Creditor's Collection Service, Inc.**

To Whom It May Concern:

Enclosed you will find our completed Withdrawal Foreign Corporation application.

Please mail all correspondence to:

Patricia Young  
Creditor's Collection Service, Inc.  
3305 Dawn Circle  
Roanoke, VA 24018

If you have any questions regarding this application, please contact:

Patricia Young  
Creditor's Collection Service, Inc.  
Phone: (540) 520-1470  
Fax: N/A  
Email: [trishyoung@ccsroanoke.com](mailto:trishyoung@ccsroanoke.com)

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Creditor's Collection Service, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F13000003553

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Young

\_\_\_\_\_  
(Name of Person)

Creditor's Collection Service, Inc.

\_\_\_\_\_  
(Firm/Company)

3305 Dawn Circle

\_\_\_\_\_  
(Address)

Roanoke, VA 24018

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Patricia Young

at ( 540 ) 520-1470

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Creditor's Collection Service, Inc.

\_\_\_\_\_  
(Name of Corporation)

F13000003553

\_\_\_\_\_  
(Document Number of Corporation (if known))

Virginia

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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23 JUL 18 PM 1:11  
FLORIDA DEPARTMENT OF STATE  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

3305 Dawn Circle

\_\_\_\_\_  
(Mailing Address)

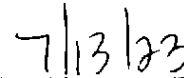
Roanoke, VA 24018

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)



\_\_\_\_\_  
(Date)

Angela Butera

\_\_\_\_\_  
(Typed or printed name of person signing)

Attorney-in-Fact

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**