

F130000004048

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**REGISTERED AGENT RESIGNATION
PREMIER RECOVERY GROUP INC.**

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIER RECOVERY GROUP INC.
(Name of Corporation)

DOCUMENT NUMBER: F13000004048

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:

Theresa Alfieri

(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:

Theresa Alfieri at 212 894-8516

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 PREMIER RECOVERY GROUP INC.

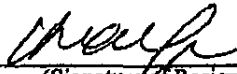
(Name of Corporation)

F13000004048

(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-Theresa Alfieri

(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

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DIVISION OF CORPORATIONS