

# F15000002671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

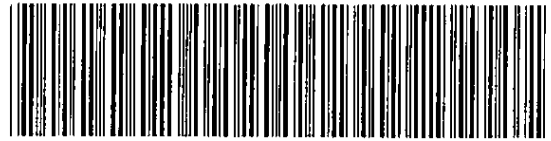
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400432259414

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2024 JUL 18 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 18 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 07/18/24  
Order #: 1551023-1  
Re: UNITED RECOVERY SOLUTIONS, INC.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: ~~\$85.00~~ - FL State Account Number:  
120000000195

*35.00*

A handwritten signature in cursive script, likely belonging to Shauna Godbolt, is written over the text.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: United Recovery Solutions, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: F15000002671

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:

RESIGNATION DEPARTMENT

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(Name of Person)

CORPORATION SERVICE COMPANY

---

(Name of Firm/Company)

251 LITTLE FALLS DRIVE  
(Address)

WILMINGTON, DE 19808

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(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT \_\_\_\_\_ at ( 800 927-9801 )  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

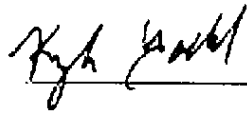
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY  
(Name of Registered Agent)

hereby resigns as Registered Agent for United Recovery Solutions, Inc.  
(Name of Corporation)

F15000002671  
(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:

BY KYLE TODD

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

FILED  
2024 JUL 18 AM 9:53  
TALLAHASSEE, FLORIDA

**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