## 41800000 3863

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Withdrawa

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May 20, 2019

ROBERT D. SHELTON ADVANCED RECOVERY SYSTEMS, INC. OF MISS. 219 KATHERINE DR. FLOWOOD, MS 39232

SUBJECT: ADVANCED RECOVERY SYSTEMS, INC. OF MISSISSIPPI

Ref. Number: F18000003863

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 019A00010126

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Advanced Recov	ery Systems	s, Inc
	(Name of Corporat	
DOCUMENT NUMBER: F18000	003863	
The enclosed withdrawal application and	fee are submitted for	filing.
Please return all correspondence concernin matter to the following:	g this	
Robert D Shelton		
	(Name of Person)	
Advanced Recovery	y Systems, Ii	nc
	(Firm/Company)	
219 Katherine Drive	)	
	(Address)	<del></del>
Flowood, MS 39232	2	
((	City/State and Zip co	de)
For further information concerning this ma	tter, please call:	
Dick Williams	<sub>at (</sub> 601	760-6265
(Name of Person) Enclosed is a check for the amount:	(Area C	ode & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
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

Advanced Recovery Systems, I	Inc
(Name of Corporation)	
F18000003863	
(Document Number of Corporation (if	known)
Mississippi	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct af	
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising during
The following is a current mailing address for the corporation:	19 .
219 Katherine Drive	
(Mailing Address)  Flowood, MS 39232	DORFORATION 40
(City/ State /Zip)	्राप्त करिया करिया है। The state of the sta
The corporation agrees to notify the Department of State in the future (Signature of a director, president or other officer - if in the hands of a	5/2/19 (Date)
Robert D Shelton  (Typed or printed name of person signing)	Vice president (Title of person signing)

**FILING FEE \$35**