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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052

Phone Fax Number

: (850)656-7956 (850)656-7953

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

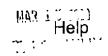
Email Address:___

LLC REGISTERED AGENT RESIGNATION YESSG RECOVERY I, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



COVERLETTER Halocooqu447 3

TO: Registration Section Division of Corporations

YESSG RECOVERY I, LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L09000073608	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Amanda Archambault	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
aarchambault@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	•
Amanda Archambault 302	531-0712
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida S	Statutes, the undersigned,
Incorporating Services, Ltd.	, hereby resigns as
Name of Registered Agent	, ,
Registered Agent for YESSG RECOVERY I, LLC	
Name of Limited Liability	Company
L09000073608	
Document Number, if known	
A copy of this resignation was mailed to the above listed	I limited liability company 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.
If signing on behalf of an entity:	of Resigning Agent
Amanda Aro	chambault .
Typed or Print	ted Name
Assistant S	ecretary
Capacity	
•	7.
<u>FILING FEES:</u> \$ 85.00 Active l \$ 25,00 Admini	imited liability company stratively dissolved/ voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company