

L100000043196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entry Name)

(Document Number)

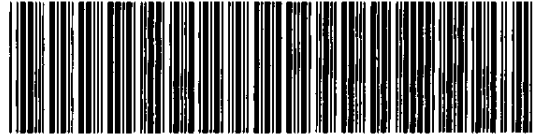
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
JAN - 5 2010
EXAMINER

Office Use Only



400189146104

01/04/11--01047--007 **85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN -4 PM 2:07

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ARTHUR B. JOHNSON, hereby resigns as
Name of Registered Agent

Registered Agent for FEE RECOVERY SPECIALISTS LLC
Name of Limited Liability Company

L10000043196
Document Number, if known

A copy of this resignation was mailed to the above listed 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.

Arthur B. Johnson
Signature of Resigning Agent

2011 JUN -14 PM 2:07
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

ARTHUR B. JOHNSON
Typed or Printed Name

Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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