

LB000015578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

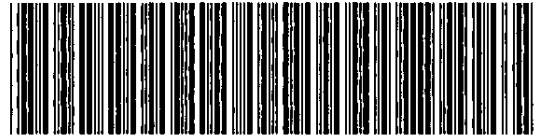
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200296394222

03/22/17--01009--015 **25.00

RECEIVED
MAR 22 2017
TALLAHASSEE, FLORIDA

17 MAR 22 PM 12:28

MAR 23 2017
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IVD RECOVERY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000015578

The enclosed Resignation of Registered Agcnt for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Inez R. Vest
Name of Person

Name of Firm/Company

4402 Sugar Loaf Way
Address

Orlando, FL 32808
City/State and Zip Code

unknown
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inez R. Vest at (321) 945-9927
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

INEZ R. VEST

, hereby resigns as

Name of Registered Agent

Registered Agent for **IVD RECOVERY, LLC**

Name of Limited Liability Company

L13000015578

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

17 MAR 22 PM 12:00
TALLHASSEE, FLORIDA

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**