# 1200000259820

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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Office Use Only



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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Chat Recovery Services			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L20000259820			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are s	ubmitte	ed
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.	(f)	7	
Name of Person	TACK TACK	72 OK	
Legalzoom.com, Inc.	E E	7822 OCT 31	-
Name of Firm/Company	AS.	 32P	977
9900 Spectrum Dr.	in contraction of the contractio	1 AM 11: 48	
Address	FA	E	
Austin, TX 78717	•		
City/State and Zip Code	•		
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notification)	•		
For further information concerning this matter, please call:			
at (	773-0888		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the undersi	gned.
United States Cor	poration Agents, Inc.	iereby resigns as
Name of Registered Agent		ereo, resigna us
Registered Agent for	Chat Recovery Services LLC	
	Name of Limited Liability Company	
L20000259820		
Document	Number, if known	e <b>2</b>
A copy of this resigna	tion was mailed to the above listed limited liability co	
The agency is termina	ated and the office discontinued on the 31st day after the signature of Resigning Agent	he date on which this statement is filed
If signing on behalf of	l'an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	its, Inc.
	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