

**M03000002833**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

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**FILED**  
**17 MAY 19 AM 11:46**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. SCOTT**  
**MAY 22 2017**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRESCENT RECOVERY, L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M03000002833

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

Please return all correspondence concerning this matter to the following:

**Registered Agent Department**

Name of Person

**C T CORPORATION SYSTEM**

Name of Firm/Company

**8020 Excelsior Drive Suite 200**

Address

**Madison, WI 53717**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Registered Agent Department**

Name of Person

at ( 800 )

Area Code

**981-7183**

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**C T CORPORATION SYSTEM**

, hereby resigns as

Name of Registered Agent

Registered Agent for **CRESCENT RECOVERY, L.L.C.**

Name of Limited Liability Company

**M03000002833**

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.

*Brenna Lutter*

Signature of Resigning Agent

If signing on behalf of an entity:

**Brenna Lutter**

Typed or Printed Name

**Asst Secretary for C T CORPORATION SYSTEM**

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, 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**