

M10000005/77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

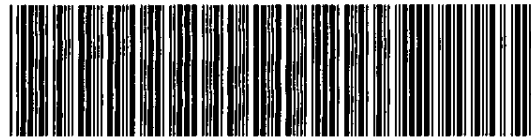
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OCT 26 2011

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUMMIT RECOVERY SOLUTIONS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M10000005177

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:

Teresa Hays
Name of Person

Assent Services, Inc.
Name of Firm/Company

1704 Teresa Lane
Address

Murfreesboro, TN 37127
City/State and Zip Code

thays77@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Incorp Services Inc./Wendy Hefley at (702) 866-2500
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2011 OCT 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Incorp Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for SUMMIT RECOVERY SOLUTIONS LLC

Name of Limited Liability Company

M10000005177

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.

By Tennie Sedlacek

Signature of Resigning Agent

If signing on behalf of an entity:

Tennie Sedlacek

Typed or Printed Name

C.O.O.

Capacity

FILED
2011 OCT 25 AM 11:00
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