M11000003523

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SECRETARY OF STATE
AND SEFF FI ORIDA

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C. LEWIS

SEP 1 3 2011

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations		
**			
SUBJECT: First	Recovery Group of De		
	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	iwal and fee(s) are submitte	ed for filing.	
Please return all corre	espondence concerning this	matter to the following:	
Nicole Dickherbe	er		
	(Name of Person)		
Client Services, l			
	(Firm/Company)		
3420 Harry S Tru		 	•
	(Address)	•	
St. Charles, MO	63301		
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	blease call:	
Nicole Dickherbe	er	at (636	255-3188
(Na	me of Person)	(Area Code & I	Daytime Telephone Number)
CED DET/C	OUDLED ADDRESS	***	NG ADDRESS
Registration	OURIER ADDRESS: Section	MAILING ADDRESS: Registration Section	
	Corporations	Division of Corporations	
Clifton Buil	ding tive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
	Florida 32301	i anana	issec, 1 1011da 32314
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	⊠ \$30 Filing Fee &	□\$55 Filing Fee &	□\$60 Filing Fee,
-	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

First Recovery Group of Delaware, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M11000003573
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
211 North Third Street
(Mailing address)
St. Charles, MO 63301
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of member or authorized representative of a member)
Bradley Franta, Manager
(Typed or printed name of signee)
2011 SEP 12 PM 2: SECRUTARY OF STY TALLAHASSEE. FLO

Filing Fee: \$25.00