

6/30/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000254151 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
DIVERSIFIED RECOVERY BUREAU LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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5/2/21  
7/9/21

\*\*\*HONOR ORIGINAL DATE 06-30-2021\*\*\*

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Diversified Recovery Bureau LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC.")

NEA

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(EIN number, if applicable)

4. upon filing  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1426 Darlington Drive  
(Street Address of Principal Office)

6. 1426 Darlington Drive  
(Mailing Address)

Derby, New York 14047

Derby, New York 14047

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System  
Chris Richard, Assistant Secretary  
(Registered agent's signature)

2021 JUN 30 PM 4:42  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Steve Saxbury

☐ Member Address: 1426 Darlington Drive

☐ Authorized Derby, New York 14047

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Keith Drews

☐ Member Address: 7223 Gennaker Drive

☐ Authorized Tampa, Florida 33607

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Scott Ryan

☐ Member Address: 510 Washington Street, Unit 50

☐ Authorized Buffalo, New York 14203

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Scott Drews

☐ Member Address: 614 Cindy Lane

☐ Authorized West Seneca, New York 12224

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

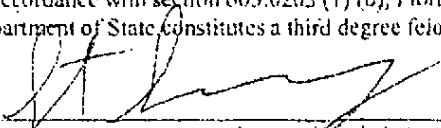
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of authorized person

Steve Saxbury, Manager

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVERSIFIED RECOVERY BUREAU LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2021 JUN 30 PM 4:42  
JEFFREY W. BULLOCK, SECRETARY OF STATE  
DELAWARE



5478805 8300

SR# 20212581378

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203562331

Date: 06-29-21

July 6, 2021

Florida Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Diversified Recovery Bureau LLC – Release of Name

Dear Sir/Madam:

The undersigned, being the duly elected and appointed President of Diversified Recovery Bureau LLC, a Florida limited liability company assigned document number L21000005977 (the "Company"), hereby submits this letter to the Florida Department of State (the "FL DOS") in response to correspondence received from the FL DOS, dated July 1, 2021, and assigned letter number 521A00015123 (the "Qualification Letter"). The Company filed articles of dissolution with the Florida Secretary of State on April 6, 2021 (the "Articles of Dissolution").

The Qualification Letter provides that in order for Diversified Recovery Bureau LLC, a Delaware limited liability company ("DRB") to register to conduct business in the State of Florida under its current name, the Company may deliver to the FL DOS a letter which releases the name for use by DRB and affirms that the Company has no intention of revoking its Articles of Dissolution. The ownership of DRB is identical to the ownership of the Company as it existed immediately prior to the filing of the Articles of Dissolution.

This letter hereby serves as the Company's: (i) express authorization for the release of the name "Diversified Recovery Bureau LLC" for use by DRB in the State of Florida; and (ii) affirmation that it has no intention of revoking its Articles of Dissolution filed on April 6, 2021.

Very truly yours,

Diversified Recovery Bureau LLC, a  
Florida limited liability company

By: 

Steve Saxbury, President

FILED  
2021 JUN 30 PM 4:42  
TALLAHASSEE, FL