## N0200000 2893

(Red	questor's Name)	<del>.</del>
(Address)		
(Add	tress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400165695494

**4001**65**695494** 01/27/10--01027--003 \*\*140.00



1/2 /2 m

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: International Brotherhood In Recovery, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N02000002893	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
Joshua M Sachs	
(Name of Person)	
(Name of Firm/Company)	
7680 Universal Blvd., Ste 100	
(Address)	
Orlando, FL 32819	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Joshua Sachs at ( 407 ) 248-8686	
(Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Jos	shua M. Sachs (Name of Registered Agent)	
hereby resigns as Registered Agent for	International Brotherhood In Recovery, Inc.  (Name of Corporation)	
N02000002893		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which mature of Resigning Agent)	
If signing on behalf of an entity:	PH 1:5	
	Typed or Printed Name)	
	(~uku1)	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314