

Office Use Only

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Recovery Service Corporation  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N15000006479  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Lynn

\_\_\_\_\_  
(Name of Person)

Recovery Service Corporation

\_\_\_\_\_  
(Name of Firm/Company)

777 Brickell Avenue, Ste 500-9556

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

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Lynn

305

832-1055

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

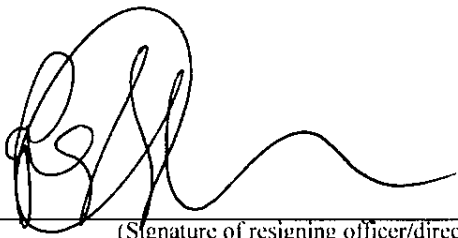
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Reginald G. Stambaugh, hereby resign as Director  
(Title)

Recovery Service Corporation  
of \_\_\_\_\_  
(Name of Corporation)

N15000006479

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
\_\_\_\_\_  
(Signature of resigning officer/director)

FILED  
2018 APR -3 PM 12:25  
TALLAHASSEE FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314