

Division of Corporations

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N16000002743

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561)627-8100
Fax Number : (561)622-7603

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

Email Address: khurley@treatmentpartnersofamerica.com

**REGISTERED AGENT RESIGNATION
AMERICAN RECOVERY ALLIANCE, INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

19 OCT 14 AM 10:19

AMERICAN RECOVERY ALLIANCE, INC.

2019 OCT 14 AM 11:24

PA Resign
10/15/19

FAN: H19000304383 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN RECOVERY ALLIANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: N16000002743

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:

PHILIP M. DICOMO, ESQ.

(Name of Person)

HAILE, SHAW & PFAFFENBERGER, P.A.

(Name of Firm/Company)

660 US HIGHWAY ONE, THIRD FLOOR

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP M. DICOMO, ESQ. at 561 627-8100

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FAN: H19000304383 3

FAN: H19000304383 3

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, HAILE, SHAW & PFAFFENBERGER, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for AMERICAN RECOVERY ALLIANCE, INC.

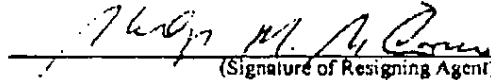
(Name of Corporation)

N16000002743

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

PHILIP M. DICOMO, ESQ.

(Typed or Printed Name)

SHAREHOLDER

(Capacity)

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

19 OCT 14 AM 10:19
DIVISION OF CORPORATIONS

FAN: H19000304383 3