

P00000036419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2008 AUG 13 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
9-1-08

Dissolution

TB 8/20/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COST RECOVERY GROUP, INC.

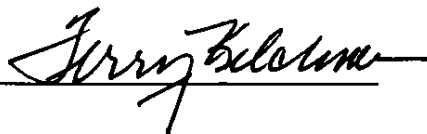
**DOCUMENT NUMBER:** P00000036419

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**TERRY KELCHNER**

(Name of Contact Person)



**COST RECOVERY GROUP, INC.**

(Firm/Company)

**1062 HENLEY DOWNS PLACE**

(Address)

**LAKE MARY, FL - 32746**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Same As Above**

(Name of Contact Person)

at ( 407 ) 804-1515

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

**COST RECOVERY GROUP, INC.**

**P00000036419**

SECOND: The document number of the corporation (if known):

**Authorized August 11, 2008**

THIRD: The date dissolution was authorized:

**Dissolution Effective Sept. 1, 2008.**

Effective date of dissolution if applicable:  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

**EFFECTIVE DATE**  
**9-1-08**

**NOT APPLICABLE, i.e. NO VOTING GROUPS INVOLVED**

(voting group)

Signature:



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**TERRY KELCHNER**

(Typed or printed name of person signing)

**SENIOR PARTNER & PRESIDENT**

(Title of person signing)

**Filing Fee: \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 AUG 13 PM 12:51

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