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 : Ala REGISTERED AGENT INC.

Account Number : 120090000032

Phone

: (866)703-8828

Fax Number : (561)202-8082

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

REGISTERED AGENT RESIGNATION **ACTION RECOVERY SPECIALISTS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ns 607.0502(2), 617.0502(2), 607.1509,	or 617.1509,
Florida Statutes, the undersigned,	A1A REGISTERED AGENT INC.	
	(Name of Registered Agent	
hereby resigns as Registered Agent	for ACTION RECOVERY SPECIAL	ISTS INC.
	(Name of Corporation)	
P06000008739		
(Document Number, if known)		
A copy of this resignation was mail	ed to the above listed corporation at its li	ast known address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after th	e date on which
Lin	2 Unak:	
_9	(Signature of Resigning Agent)	
If signing on behalf of an entity:		∷ o
TINA MAKI		2 JAN 26
	(Typed or Printed Name)	7
PRESIDENT		
	(Capacity)	
	f	The prime of

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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