PO6000011852

(Reque	estor's Name)	
(Addre	ss)	
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(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of Stat	us
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Recovery Contracting Solution In	<u> </u>	
DOCUMENT NUMBER: <u>PO60000 185</u> Z		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person)		
(Firm/Company)		
306 Anorak St. (Address)		
(Address) Groveland FL 34736 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Trou Nibarges at (352) 414-6 (Name of Contact Person) (Area Code & Days	ime Telephone Number)	
Enclosed is a check for the following amount:		
(Additional copy is Ceenclosed) (Additional copy is Ceenclosed)	2.50 Filing Fee, rtificate of Status & rtified Copy dditional copy is aclosed)	
P.O. Box 6327 Clifton Bui	at Section Corporations	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION ACCURATION Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:
Pursuant to section 607.1401, 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:
Recovery Contracting Solutions Inc
SECOND: The document number of the corporation (if known): POL 0000 1/852
THIRD: The file date of the articles of incorporation: 0124/06
FOURTH: (CHECK AT LEAST ONE BOX) .
None of the corporation's shares have been issued.
The corporation has not commenced business.
FIFTH: No debt of the corporation remains unpaid.
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH: Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
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.)
Troy Nibareer (Typed or printed name of person signing)
Resident (Title of Person Signing)

Filing Fee: \$35