P12000086535

(Rec	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Dod	cument Number) Certificates	
Special Instructions to F	Filing Officer:	

Office Use Only



200242945382

200242945382 1272072-01017-024 **87.50

fa Rosons

12 DEC 20 AH 11: 47

STREBOR T STREBELLS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RECOVERY USA CORPORATION

(Name o ∵Corporation)

DOCUMENT NUMBER: P12000086535

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:

Amanda Pearl Mayan

(Name of Person)

Oyster Shell Investments LLP

(Name of Firm/Company)

1720 Harrison Street, PH "A"

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Mayan

₃₁,954 \678-8324

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Bex 6327
Tallahassee, FL 32314



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. Oyster Shell Investments LLLP		
(Name of Registered Agent)		
hereby resigns as Registered Agent for RECOVERY USA CORPORATION		
(Name of Corporation)		
P12000086535		
(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.		
(Signarate of Resigning Agent)		
If signing on behalf of an entity:		
Oyster Shell Investments LLLP- Amanda Mayan		
(Typed or Printed Name)		
Manager		
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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