

P150000000316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

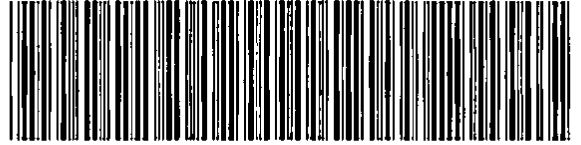
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10-1-20  
10-1-20

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SURPLUS Recovery Corporation  
(Name of Corporation)

DOCUMENT NUMBER: P15000000316

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRY HIKIN

(Name of Person)

(Name of Firm/Company)

4960 PELICAN MARSH

(Address)

COLONOT CREEK, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY HIKIN

(Name of Person)

at ( 954 ) 263-1011

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

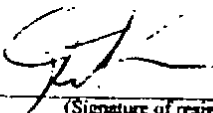
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, DAVID A. KUPPERMAN, ESQ., hereby resign as DIRECTOR  
(Title)

of SURPLUS RECOVERY CORPORATION  
(Name of Corporation)

P 15000000 316, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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

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