## P1500005065

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

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TO:

Amendment Section Division of Corporations

SUBJECT: Advance Recovery Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P | 50000 5005

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

Please return all correspondence concerning this matter to the following:

Diana Braun
(Name of Person)

Advance Recovery Services, Inc. (Name of Firm/Company)

(a31 Glenview Ave

FT. Pierce F1 34982

For further information concerning this matter, please call:

William T. Braun Jr. at (772) 985-5849(Name of Person) (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. <u>Diana Braun</u> , hereby resign as Vice - 7	Presider (Title)	4
of Advance Recovery Services, Inc. (Name of Corporation)	•	
PISOSOGS a corporation organized under the laws of a corporation organized under the corporation organized under the laws of a corporation organized und	the State of	
Florida	100 H	T. T.
	78. W. S.	
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