CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

Total	Recovery of South
	Florida, Inc.

Will Pick Up

Signature

Requested by:

Name

Walk-In

100002274311--5 -08/22/97--01003--007 *****350.00 ******87.50

Art of Inc. File				
LTD Partnership File				
Foreign Corp. File				
L.C. File ASE				
Fictitious Name File PE				
Name Reservation S	•			
Merger File BC P] =]			
Art. of Amend. File	الخشاء			
RA Resignation 0				
Dissolution / Withdrawal				
Annual Report / Reinstatement				
Cert. Copy				
Photo Copy S				
Certificate of Good Standing				
Certificate of Status				
Certificate of Fictitious Name 99 (1)				
Corp Record Search				
Officer Search				
Fictitious Search				
Fictitious Owner Search				
Vehicle Search				
Driving Record				
UCC 1 or 3 File				
UCC 11 Search				
UCC 11 Retrieval				
Courier				

FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2)	2), 607.1509, or 617.1509,
Florida Statues, the undersigned, <u>Capital Correction</u> , <u>Irc.</u> (Name of register)	tered agent)
hereby resigns as Registered Agent for <u>Total Recovery of South I</u> (Name of cor	
A copy of this resignation was mailed to the above listed corpora	ition at its last known address.
The agency is terminated and the office discontinued on the 31s	t day after the date on which
this statement is filed.	
(Signature of resigning agent)	97 SEI TALI
If signing on behalf of an entity:	AUG 22 AUG 27 CRETAR LANASS
(Typed or Printed Name)	2 PHI2: SSEE. FLI
Registered Agent Coordinator (Capacity)	50 TATE ORID

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation