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6610 North University Drive Suite 220

Fort Lauderdale, FL 33321-4034

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CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if	known):
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		Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, (Name of registered agent)	
hereby resigns as Registered Agent for FINANCIAL RECOVERY SYSTEM (Name of corporation)	ms, Inc
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of resigning agent)	on which
If signing on behalf of an entity: (Typed or Printed Name)	OO JUN 23 PM 1: 20 SECRETARY OF STATE ALLAHASSEE, FLORID
(Capacity)	

Fee for filing this document:

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

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314