

LO 300115971  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

DISSOLUTION OR WITHDRAWAL  
RECOVERY CONNECTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

RECEIVED  
16 DEC 13 AM 7:37

FILED  
16 DEC 13 AH 10:04  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Recovery Connection, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)  
  
Capitol Services – Corporate Filings Team  
(Firm/Company)  
  
206 E 9th St, Ste 1300  
(Address)  
  
Austin TX 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Tadlock at ( 800 ) 345-4647  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Recovery Connection, LLC

2. The Articles of Organization were filed on December 5, 2005 and assigned  
document number L05000115971

3. The delayed effective date the dissolution if not effective on the date of filing:  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover, letter).


The passage of 90 consecutive days during which the company had no members  
(Section 605.0701(3)).

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs Richard James Cooper

1100 Park Central Blvd. South, Suite 3400

Pompano Beach, FL 33064

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

Richard James Cooper  
Printed Name

FILING FEE: \$25.00

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FILED

**Notice of Limited Liability Company Dissolution**

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Recovery Connection, LLC

Document number of Limited Liability Company is: L05000115971

Date of dissolution was: 12/12/16

Description of information that must be included in a written claim:

A claim must be in writing and must include (1) the name of the claimant, (2) the amount being claimed, (3) a description of the agreement or other documentation that supports the claimed amount, and (4) current contact information for the claimant, including a mailing address, phone number and email by which the claimant may be reached.

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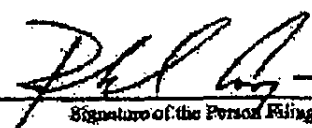
FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Richard Cooper  
1100 Park Central Blvd. South, Suite 3400  
Pompano Beach, FL 33064

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Richard James Cooper  
Printed Name of the Person Filing

  
Signature of the Person Filing

Fees: No charge if included with Articles of Dissolution. If filed separately \$25.00