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— ANNA MARIA, FL 34216  ———————————————————————————————————	200004687872-2
L-12805 CORPORATION NAME(S) & DOCU	#****25.00 *****25.00  Office Use Only  MENT NUMBER(S), (if known):
1. MATRIX RECOVERY  (Corporation Name)	O T
(Corporation Name)  3(Corporation Name)	(Document #)  (Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time  Mail out ☐ Will wait	☐ Photocopy ☐ Certified Copy ☐ Certificate of Status ☐ S
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 21, 2001

STEVE TYREE PO BOX 641 ANNA MARIA, FL 34216

SUBJECT: MATRIX RECOVERY, LLC

Ref. Number: L00000012865

We have received your document for MATRIX RECOVERY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We cannot file your document because the title and the signature information does not match your requirements. Attached is our blank amendment form for your use and/or reference. Please also note that the amendment cannot have an effective date that is prior to its date of filing. Your filing was received on November 19th, 2001, and that is the earliest filing date we can give it.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 501A00062428



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 15, 2002

STEVE TYREE P.O. BOX 641 ANNA MARIA, FL 34216

SUBJECT: MATRIX RECOVERY, LLC

Ref. Number: L00000012865

We have received your document for MATRIX RECOVERY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Per our conversation on 1/15/02, enclosed please find the member, managing member, manager resignation form. Please complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 302A00002110

Michelle Hodges Document Specialist



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, STEUEN EDWIN TYREE, hereby resign as MGR AND PARTIER (Title)
of MATRIX RECOVERY LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of FLORIDA.
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

D2 JAN 28 PM 4+52 SECRETARY OF STATE

#### FILING FEE IS \$25.00

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314