(Requestor's Name)	
(Address)	
(Address)	900025315739
	900025315739 12/10/03-01013-001 **120.00
(City/State/Zip/Phone #)	
MAIL MAIL	
(Business Entity Name)	-
(Document Number)	—
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Special Instructions to Filing Officer.	
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## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

## FILED 03 DEC -9 PM I2: 0' CALLASSEE, FLORIE

## **DOUGLAS L. MITCHELL**

## FLORIDA STATE ASSET RECOVERIES, L.L.C.

Comes now, DOUGLAS L. MITCHELL, and hereby resigns as Member and Managing Member of Florida State Asset Recoveries, L.L.C., a limited liability company organized under the laws of the State of Florida, whose office is located at 3333 N. University Drive, Suite A, Davie, Florida 33024-2230, and affirms that the limited liability company has been notified in writing of the resignation, and has accepted same.

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Signature:

DOUGLAS L. MITCHELL, as Resigning Member and Managing Member

03

Dated: