

L04000015586

(Requestor's Name)



P.O. Box 4111
Tallahassee, Florida 32315

(Address)

(City/State/Zip/Phone #)

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L04-15586

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08/16/04--01040--016 **25.00

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael Burt, hereby resign as MGRM
(Title)

of Recovery Services of America, 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.

Michael Burt
(Signature of resigning manager, managing member or member)

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**

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