

05000004019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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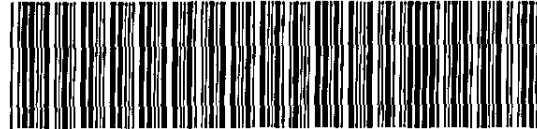
(Business Entity Name)

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TALLAHASSEE, FLORIDA

05-4019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foreclosure Asset Recovery, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel J. Matos
(Name of Person)

c/o Scott Roberts
(Firm/Company)

7345 W Sand Lake Road suite 303
(Address)

Orlando, Florida 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel J. Matos at (407) 355-3918
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Manuel J. Matos, hereby resign as office and mgmr
(Title)

of Foreclosure Asset 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.

A handwritten signature in black ink, appearing to read "Manuel J. Matos", written over a horizontal line.

(Signature of resigning manager, managing member or member)

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TALLAHASSEE, FLORIDA

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