L07000021031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



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06/18/07--01001--004 **55.00

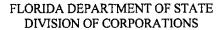
SECRETARY OF STATE :

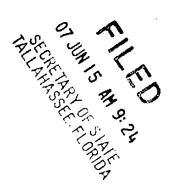
07 JUN 15 AM 9: 2407 JUN 15 PH 3: 41

CORPDIRECT AGE 515 EAST PARK AV TALLA#ASSEE, FI 222-1173	ENUE	rmerly CCRS)	•		
FILING COVER ACCT. #FCA-14	SHEET		OT JUN 15 M 9: 24 SECRETARY OF SIANE SECRETARY OF SIANE		
CONTACT:	TRACY SP	<u>ear</u>	TO SERVICE OF THE PARTY OF THE		
DATE:	<u>06/15/07</u>		6. 22 22 22 22 22 22 22 22 22 22 22 22 22		
REF. #:	000472.701	12	Par.		
CORP. NAME:	ROYALTY	RECOVERY, LLC			
() ARTICLES OF INC	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION		
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
() FOREIGN QUALIFICATION		() LIMITED PARTNERSHIP	() LIMITED LIABILITY		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF	CANCELLATIO	v			
(XX) OTHER: RES	IGNATION OF M	ANAGER			
STATE FEES PREPAID WITH CHECK# 5272 FOR \$ 55.00					
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:					
COST LIMIT: \$					
PLEASE RETU	RN:				
(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY					
() CERTIFICATE C	OF STATUS				

Examiner's Initials







RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	ne limited liability company as i	t appears on the records	of the Florida Department
of State is:	Royalty Recover	Y, LLC	,
2. This limited lia	ability company was organized	under the laws of:	
Stat	te of Florida		
,			
3. The Florida do	ocument/registration number of	this limited liability com	pany is:
	1000021031	·	
	•		
4. I, ANA	M. Sanchez	, hereby resign as a _	Monager
(Prin	t Name of Person Resigning)		(Print Title)
of this limited l resignation in v	liability company and affirm the writing.	limited liability compan	y has been notified of my
Qual	M. Sauchen		
Signature of R	esigning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)