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SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE

JUN 2 2 7003

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Recovered Resource (Name of Limited)	s Group, LLC d Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Tom Purdie (Contact Person)	
(Contact I dison)	O9 JUN 19 AM 8: 11 SECRETARY OF STATIFALLAHASSEE. FLORI
(Firm/Company)	SEE. F
2024 Herschel Street	STATE COR
(Address)	
Jacksonville, FL 32204	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	1 (904) 384-4580
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as covered Resource		of the Florida Dep	artmei	nt	
2. This limited liab Florida	ility company was organized	under the laws of:				
3. The Florida docu L080000	nment/registration number of 37103	this limited liability comp	pany is:			
4. I, Tom Purdie (Print Name of Person Resigning)		, hereby resign as a _	_, hereby resign as a Manager/Member (Print Title)			
resignation in wr	pility company and affirm the ting. gning Member, Managing M	·	y has been notifie	d of m	у	
	\$25.00 (Required)		SECRETARY OF TALLAHASSEE, I	09 JUN 19 AM		