

**L10000067225**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

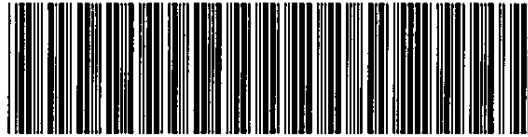
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400280211334**

12/28/15--01024--007 \*\*25.00

FILED  
2015 DEC 28 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan DEC-29 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** R R RECOVERY LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**MONIQUE MATHE**

(Contact Person)

(Firm/Company)

**5391 NW ARROWHEAD TERRACE**

(Address)

**PORT-ST-LUCIE FLORIDA 34986**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MONIQUE MATHE**

(Name of Contact Person)

at ( **772** ) **626-4323**  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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



FILED  
2015 DEC 28 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: R R RECOVERY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000067225

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2015

4. I, MONIQUE MATHE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

GENERAL MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Monique Mathe 12-20-2015  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)