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SLOWLINGSEE, FLORDA

K.SALY EXAMINER AUG 7 2012

COVER LETTER

SUBJECT: Recovering Souls LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L11000061480</u>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Recovering Souls LLC Name of Firm/Company
6742 Forest Hill Blvd
Address
West Palm Beach FL 33413 City/State and Zip Code
ncirio@recoveringsouls.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicholas Cirio at (561) 797-8437 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of sec	tion 608.416(2) or 608.509,	, Florida Statutes, the undersigned	d,
Willian	n A Peevy Jr	, hereby resigns as	<i>)</i> .
	Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Registered Agent for	Recov	ering Souls LLC	
	Name of Limited Liability Co	ompany	The State of the S
L1100006148 Document Number, if k			
· · ·	K	nited liability company at its last 31st day after the date on which esigning Agent	
If signing on behalf of an entity:			
	Typed or Printed N	Name	
	Capacity		•

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416(2) or 608.509	9, Florida Statutes, the undersigned,	
Willian	n A Peevy Jr	, hereby resigns as	
-	Registered Agent	, nerecy resigns as	
Registered Agent for	Recov	vering Souls LLC	
		<u> </u>	,
	Name of Limited Liability Co	Company	
L1100006148	0		
Document Number, if ki	nown		
	1/2	mited liability company at its last known addres	
The agency is terminated and the	Athan 2	e 31st day after the date on which this statemen Resigning Agent	t is filed.
If signing on behalf of an entity:			
	Typed or Printed	Name	
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)