#1/100006/480

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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K.SALY EXAMINER AUG 7 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Recovering Souls LLC (Name of Lim	nited Liability Company)
The enclosed member, managing member or filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Nicholas Cirio	
(Contact Person)	
Recovering Souls LLC	
(Firm/Company)	
6742 Forest Hill Blvd, #259	
(Address)	
West Palm Beach FL 33413	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Nicholas Cirio	at (561) 797-8437
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: S55 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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it overing Souls LLC	appears on the records	of the Florida Department
2. This limited liabilit State of Flori	y company was organized ι da	ander the laws of:	
3. The Florida docum L110000614	ent/registration number of t	his limited liability com	npany is:
of this limited liabil resignation in writing	e of Person Resigning) ity company and affirm the		(Print Title)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		