12000110638

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COVER LETTER

TO: Registration Section Division of Corporations

SOLUTIONS RECOVERY CENTER, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Daniel J. Callahan

(Contact Person)

Solutions Recovery Center, LLC

(Firm/Company)

16145 State Road 7, Suite D

(Address)

Delray Beach, FL 33446-2735

(City/State and Zip Code)

For further information concerning this matter, please call:

John S. Sarrett, P.A (Name of Contact Person) at (239) 330-2359 (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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it ap of State is: SOLUTIONS RECOVERY CE	-
This limited liability company was organized unc State of Florida	ler the laws of:
3. The Florida document/registration number of this L12000110638	s limited liability company is:
4. I, David C. Shea (Print Name of Person Resigning)	_, hereby resign as a Managing Member (Print Title)
of this limited liability company and affirm the lin resignation in writing.	
David CAlex 81	123/2013
Signature of Resigning Member, Managing Mem	ber or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: