L12000110638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

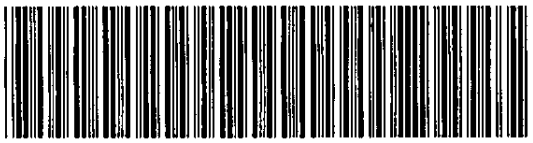
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2013 AUG 27 PM 12:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 28 2013

D. BRUCE

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** 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)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

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

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

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TALLAHASSEE FLORIDA

2. This limited liability company was organized under the laws of:
State of Florida.

3. The Florida document/registration number of this limited liability company is:
L12000110638.

4. I, David C. Shea, hereby resign as a Managing Member
*(Print Name of Person Resigning)* *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

David C Shea 8/23/2013
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)