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	gistration Section vision of Corporations	••	
SUBJECT	· · · · · · · · · · · · · · · · · · ·		
	(Name of Lim	ited Liability Cor	npany)
The enclos	ed member, resignation or dissoci	ation and fee(s	e) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to:	
COLBY F	ox		
	(Contact Person)		_
RCT DISA	ASTER RECOVERY, LLC		
	(Firm/Company)		-
1701 N 14	TH STREET SUITE B		
	(Address)		_
TAMPA, F	FL 33605		
	(City/State and Zip Code)		-
For further	information concerning this matte	er, please call:	
COLBY F	ox	813	699-4250
(Name of Contact Person)	- \-	& Daytime Telephone Number)
Enclosed p	lease find a check made payable to ng Fee		Department of State for: Fee & Certified Copy
Registratio Division of Clifton But 2661 Exect	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





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)

	limited liability company as it a	appears on the records of the Florida Department C
2. The Florida docu L13000012133		ned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resign	ed or will withdraw/resign is:
4. I. BEVERLY SM	MOVK	, hereby withdraw/resign as a
,	THORIZED REP	
	(Print Title)	
resignation in wri		mited liability company has been notified of my g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	