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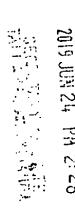
(2)					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basilloss Elliky Harris)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

CR2E079 (2/14)

TO:		stration Section sion of Corporations			
SURJ	ECT:	REO'S Recycling, LLC			
5000		(Name of Limited Liability Company)			
The e	nclosed	d member, resignation or dissocia	tion and fee(s	s) are submitted for filing.	
Please	returi	all correspondence concerning the	nis matter to:		
Ferna	ando .	J. Colmenares			
		(Contact Person)		_	
REO'	's Rec	cycling, LLC			
		(Firm/Company)		_	
3255	NW 1	184th St. #12220			
		(Address)		_	
Aven	itura, f	FL 33160			
		(City/State and Zip Code)		_	
For fu	ırther i	nformation concerning this matte	r, please call:		
Ferna	ando .	J. Colmenares	786	333-9247X	
- -	(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
	sed pl 5 Filin	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
		COURIER ADDRESS:		MAILING ADDRESS:	
		Section Corporations		Registration Section Division of Corporations	
Clifte	on Buil	ding		P.O. Box 6327	
		tive Center Circle . Florida 32301		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 D'S Recycling, LLC.	s it appears on the records of the Florio	da Department
2. The Florida doc L1300002460	_	assigned to this limited liability compa	ny is:
Jhoan E. Ch	acon	signed or will withdraw/resign is: Dec	cember 1520/8.
(Print Name of Person Resigning) Member/Manager			PH 2:28
resignation in w	riting.	he limited liability company has been	- Paris
Signature of D Filing Fee: Certified Copy:	s25.00 (Required)	gning Manager	