## 14000184937

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
<del>-</del>			
(Dygingga Fintity Marra)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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J. LEGGETT MAR 2 7 2018

## **COVER LETTER**

TO: Registration Section			
Division of Corporations			
SUBJECT: Principles Recovery Center, (Name of Limit	LLC. ited Liability Company)		
The enclosed member, resignation or dissociate	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
Joan Donahue			
(Contact Person)			
Principles Recovery Center, LLC.			
(Firm/Company)			
4343 South State Road #7 Suite 109			
(Address)			
Davie, FL 33314			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Joan Donahue	954 368-1344		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Boxed\$ \$\\$55\$ Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	·		

CR2E079 (2/14)



## 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)

١.	The name of the limited liability company as it appears on the records of the Florida Departmen of State is:  PRINCIPLES RECOVERY CENTER, LLC  The Florida document/registration number assigned to this limited liability company is:  L14000184937		
2.			
	The dute this member/manager withdrew/resigned or to the latest HATHAWAY, he		
	(Print Name of Person Resigning) MEMBER and MANAGER	eoy maisiamitoligh so a	
	(Print Title)		
	of this limited liability company and affirm the limited resignation in writing.	liability company has been notified of my	
	- Harry		
	Signature of Dissociating Momber or Resigning Mar	ager	

\$25.00 (Required)

\$30.00 (Optional)

CR2N079 (2/14)

Filing Fee:

Certified Copy: