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SECRE TARY OF STATE
TALLAHASSEE, FLORIDA

JUN 0 8 2015) BRUCE

COVER LETTER

Division of Corporations	
SUBJECT: All Tire Recycling LLC (Name of Limited Liability Company)	-
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Angela Gispert (Contact Person)	
All Tive (Lecycling LLC (Firm/Company)	
(Address) Address) Address	
Planton FL 33317 (City/State and Zip Code) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	2
(Name of Contact Person) at (954) 864-7034 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$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 (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)

				·		
1. The name of the	limited liabili	ity company as it a	ppears on the reco	ords of the Fl	orida Department	,
of State is:	11 Tire	Recycling	LLC			
2. The Florida doc	ument/registra	tion number assign	ned to this limited	l liability con	npany is⊱ ··	
L14C	001893	84	~·	`	· · · · · · · · · · · · · · · · · · ·	
3. The date this me	mber/manage	r withdrew/resigne	d or will withdraw	w/resign is: _	03/01/2019	5
4. 1, Julio (Print A	n Diaz Jame of Person R		_, hereby withdra	w/resign as a	ı	
MG	(Print Title)	·				
of this limited lia resignation in wr		y and affirm the lin	nited liability con	npany has bee	en notified of my	
	elu Dz	(). D	Name of the state		7A. S	
Signature of Ly	ssociating Me	piber or Resigning	; Manager		2015 C ECRE	
Filing Fee: Certified Copy:	\$25.00 (Re				TARY ASSEE	
Confide Copy.	\$50.00 (O ₎	puonar)			OF STA	
					10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	-