

L15000082925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

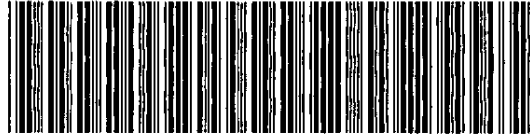
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restoration Recovery for Men 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:

Morton Fishman
(Contact Person)

Restoration Recovery for Men LLC
(Firm/Company)

8330 Currency Dr # 1
(Address)

Riviera Beach FL 33404
(City/State and Zip Code)

For further information concerning this matter, please call:

Morton Fishman at (561) 602 6774
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 11, 2015

MORTON FISHMAN
8330 CURRENCY DR, UNIT 1
RIVIERA BEACH, FL 33404

SUBJECT: RESTORATION RECOVERY FOR MEN, LLC
Ref. Number: L15000082925

We have received your document for RESTORATION RECOVERY FOR MEN, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 715A00016931

Thank You



FILED
2015 SEP -1 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 liability company as it appears on the records of the Florida Department

of State is: Restoration Recovery for Men, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15 000082925

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/31/2015

4. I, Allyson Chambers, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Allyson Chambers

Signature of Dissociating Member or Resigning Manager

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