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SECRE ARY OF STATE MILAHASSEE, FLORIDA

D BRUCE

COVER LETTER

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division	of Corporations				
SUBJECT:	Reco	il Management L	LC		
SCHOLET	(Name o	f Limited Liability Con	mpany)		
The enclosed m	ember, resignation or dis	ssociation and fee(s) are submitted for fili	ng.	
Please return all	correspondence concern	ning this matter to:			
	Elaine R Jackson				
	(Contact Person)		_		
F	Recoil Management LL	.C			
	(Firm/Company)		_		
	12513 Riverglen Dr				
	(Address)		_		
	Riverview FL 33569				
•	(City/State and Zip Code)				
For further info	rmation concerning this	matter, please call:		2011 1701-1	
Elaine	e R Jackson	540 at (645-0230	AHA:	Kanen Cir.es
(Nam	e of Contact Person)	(Area Code	e & Daytime Telephone	Juinber]	
Enclosed please \$25 Filing Fe	e find a check made paya		Department of State for great	S V	
)A	40	
	RIER ADDRESS:		MAILING ADDRES	SS:	
-		Registration Section			
	ivision of Corporations Division of Corporations			ons	
Clifton Building					
2661 Executive	661 Executive Center Circle		Tallahassee, Florida 3	2314	



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:	Recoil Management LLC				
	ument/registration number as	ssigned to this limited liability company is:			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:			
	ne H Pavlansky	, hereby withdraw/resign as a			
(Print)	Name of Person Resigning)	,,,			
	Member				
	(Print Title)				
resignation in w		e limited liability company has been notified of my			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ming Manager MARY OF STATE TO STATE			