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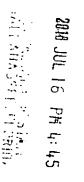
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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B FIGUEROA JUL 21 2018

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Recover NE Car (Name of Limited Liabi	ility Company)
The enclosed member, resignation or dissociation an	ad fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to:
(Contact Person)	
(Contact Person)	
TJH Holdings LLC (Firm/Company)	
20 NIV 93' 5+ (Address)	
City/State and Zip Code)	3 <u>3/5</u> 0
For further information concerning this matter, pleas	se call:
(Name of Contact Person) (Are	978 6690 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	
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 liability company as it	appears on the records of (the Florida [Departi	nent
of State is:	RECOVERNE PARINE	es LLC			
2. The Florida doc	ument/registration number assi	gned to this limited liabilit	y company i	is:	
	200775075	·			
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign	n is: <u>(4)</u> -	29/1	8
4. 1, (Print)	IATT PACK Name of Person Resigning)	, hereby withdraw/resig	n as a	,	
. /	1 ANA DER (Print Title)				
	bility company and affirm the l	imited liability company h	as been noti	fied of	my
resignation in wi	riting.		: .	233	
Matte	in Red			2018 JUL 16	
Signature of Dissociating Member or Resigning Manager		1 to	6	, ì	
			<u> </u>	<u> </u>	
Filing Fee:	\$25.00 (Required)			PK 4: 4	ξ.
-	\$30.00 (Optional)		=:-	<u></u>	