

ND8000009825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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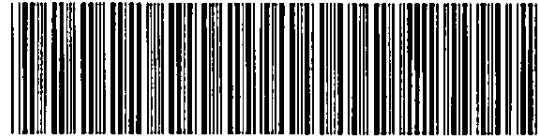
(Business Entity Name)

(Document Number)

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C. MCNAUL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Recovery Fund Inc.
(Name of Corporation)

DOCUMENT NUMBER: N08000009825

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William (Billy) Meadow
(Name of Person)

(Name of Firm/Company)

4544 Swilcan Bridge Ln. N.
(Address)

Jacksonville, FL 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

Billy Meadow at (904) 571-5118
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

NOV - 7 AM 10:06

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I. William (Billy) Meadow, hereby resign as President
(Title)

of Recovery Fund Inc.
(Name of Corporation)

N08000009825, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

William D Meadow
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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