

1
P08000103685

S.V. Recovery, Inc
No return address
(Requestor's Name)

4131 NW 6th ST.
(Address)

Gainesville FL 32609
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

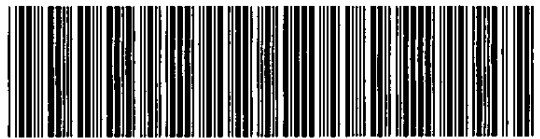
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000171214350

03/16/10--01019--016 **35.00

FILED
10 MAR 16 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette
C.COULLIETTE
MAR 18 2010
EXAMINER

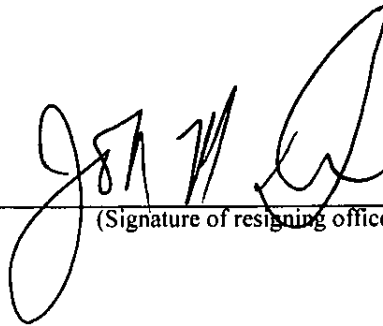
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Double Eagle Associates LLC, hereby resign as DIR
(Title)

of SU Recovery Inc
(Name of Corporation)

P08000103685, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(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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