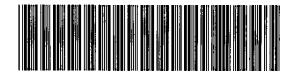
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(Re	equestor's Name)			
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OCT 24 2013

R. WHITE

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Total Recovery Now Inc. (Name of Corporation)
DOCU	JMENT NUMBER: P10000093484
	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Gal	brielle Smith
	(Name of Person)
	(Name of Firm/Company)
417	78 10th Avenue North
	(Address)
Lak	ce Worth Florida 33461
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	(Name of Person) at (561)822-3620 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division P.O. B	dment Section Amendment Section on of Corporations ox 6327 2661 Executive Center Circle assee, FL 32314 Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Michael D'Adamo	, hereby resign as_	President/CF0	C
1,	, nereby resign us_	(Title)	
of Total Recovery N			, ,
P0000093484	of Corporation)		
(Document Number, if known)	_, a corporation organized un-	der the laws of the State of	
Florida			
	_•		
Micha (S	C D'Adano ignature of resigning officer/direct	(Inc)	
		TAL	1 3
		CRE	8 7
		ASS	
_			
F	ILING FEE IS \$35.00	는 (1) (1)	ຜ

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

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