## P14000008343

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

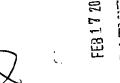




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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: About Recycle Tre (Name of Corporation)
DOCUMENT NUMBER: <u>\$14000003243</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Lisa Dial (Name of Person)
Absolute Recycle, Inc. (Name of Firm/Company)
1736 NE 25 <sup>th</sup> ave
Cak, FL 34478 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (13) 415-6567 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, hereby resign as, (Title)	-
of Absolute Recycle, INC. (Name of Corporation)	_,
(Document Number, if known), a corporation organized under the laws of the State of	
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