

P95000012855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

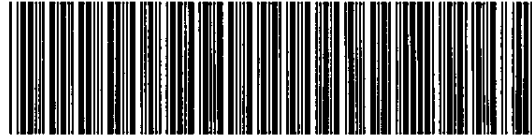
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RECYCLE CENTER INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000012855

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

Please return all correspondence concerning this matter to the following:

**Peter D. Madison**

(Name of Person)

**Recycle Center, Inc.**

(Name of Firm/Company)

**6545 Cay Circle**

(Address)

**Orlando, FL 32809**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Peter Madison**

(Name of Person)

at **(407) 908-4548**

(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

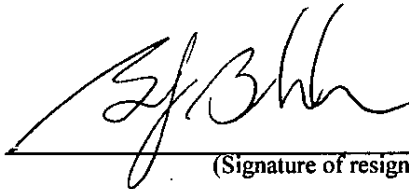
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

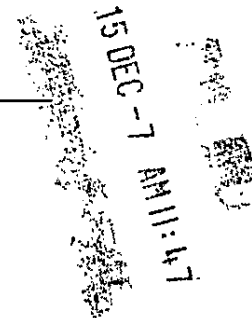
I, Beverly Madison, hereby resign as Director/President  
(Title)

of RECYCLE CENTER INC  
(Name of Corporation)

P95000012855, 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