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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

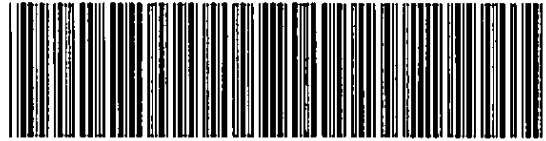
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECURITY  
FEB 15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ~~43500 SW 240 STREET, LLC~~ A. D. A. Business, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Daniel Wagner, Esq.  
\_\_\_\_\_  
(Contact Person)

Daniel Wagner, P.A.  
\_\_\_\_\_  
(Firm/Company)

20807 Biscayne Blvd., Suite 201  
\_\_\_\_\_  
(Address)

Aventura, FL 33180  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Wagner, Esq. at ( 305 ) 9197788  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

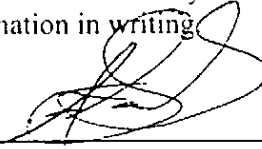
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A.D.A. BUSINESS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000098720

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/9/2022

4. I, ANGEL SANTOS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MEMBER AND MANAGER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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