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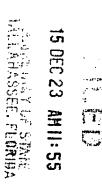
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COVER LETTER

TO: Registration Section **Division of Corporations** Admeier Administration LLC - Removal of MGR (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: **Bradley Meier** (Contact Person) Admeier Administration LLC (Firm/Company) PO Box 15205 (updated) (Address) Springhill FL 34604 (City/State and Zip Code) For further information concerning this matter, please call: **Bradley Meier** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

I. The name of the limited liability company as it appears on the records of the Flor of State is: Admeier Administration LLC	ida Dep	oartme	ent —·
2. The Florida document/registration number assigned to this limited liability compa	any is:		
L13000077859			
B. The date this member/manager withdrew/resigned or will withdraw/resign is: Ma	ay 1, 2	015	_
4. I, Stephanie Stewart-Vinson , hereby withdraw/resign as a (Print Name of Person Resigning)			
MGR		5 5	
(Print Title)	ir d Mark Mark	39	
of this limited liability company and affirm the limited liability company has been resignation in writing.	notifie	d re uf n	
Stolary Stuft - Vinota	C FLOW	AH II: 5	
Signature of Dissociating Member or Resigning Manager	1131 ×	Ċi	
Filing Fee: \$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)