116000 189 368

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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William Barrell Commence

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COVER LETTER

то:	•	tration Section ion of Corporations		
SUBJE	rct.	ADEPT Holdings, LLC		
GODOL	(Name of Limited Liability Company)			
The en	closed	member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
Kriste	n M J	urn		
		(Contact Person)		-
ADEP	T Hol	dings, LLC		
		(Firm/Company)		_
6039	Collin	s Ave, #410		
-	<u>, </u>	(Address)	-	
Miami	i Bead	ch, FL 33140		
		(City/State and Zip Code)		-
For fur	rther in	nformation concerning this mat	ter, please call:	
Kriste	n Juri	ו	305	5090115) & Daytime Telephone Number)
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos		ase find a check made payable Fee		Department of State for: § Fee & Certified Copy
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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



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 ADEPT HOLDINGS, LLC	it appears on the records of the Florida Department
of State is:	
2. The Florida document/registration number as: L16000189368	signed to this limited liability company is:
	 July 17, 2019
3. The date this member/manager withdrew/resi Leticia M. Diana	gned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Authorized Member	į ři
	î, -p
(Print Title)	
	e limited liability company has been notified of my
resignation in writing.	•
Signature of Dissociating Member or Resign	ning Manager
-	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: