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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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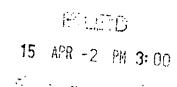
Registration Section

TO:

CR2E079 (2/14)

Division o	f Corporations			
SUBJECT: ADA	AR, LLC			
Senozer.	(Name of Limited Liability Company)			
The enclosed men	nber, resignation or dissocia	ation and fee(s)	are submitted for filing.	
Please return all c	orrespondence concerning t	his matter to:		
ROBERTO SZE	NIG			
	(Contact Person)		-	
	(Firm/Company)		-	
C/O 1124 KANE	E CONCOURSE		_	
	(Address)		•	
BAY HARBOR	ISLANDS, FL 33154		/	
	(City/State and Zip Code)	<del>-</del>		
For further inform	nation concerning this matte	er, please call:		
ROBERTO		646 at (	301-7949	
(Name o	of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please f \$25 Filing Fee	ind a check made payable to		epartment of State for: Fee & Certified Copy	
STREET/COUR Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, Flori	orations Center Circle		MAILING ADDRESS: 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	it appears on the records of the Florida Department
of State is:	PRIDA Adar	LLC
	ument/registration number as	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
41 50500	O 1 1 7 8 4 8 8 1	, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MANAGING I	MEMBER .	
	(Print Title)	
of this limited lia resignation in wr	• •	e limited liability company has been notified of my
, Olle	gmm.	
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	