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L. SELLERS

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**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations
SUBJECT: A.D. INVESTMENT LLC.  (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
BEN ZOERI
(Contact Person)
(Firm/Company)
390 NEST S.R. 434
390 NEST S.R. 434 (Address) (ONGWOOD, FR 32750
(City/State and Zip Code)
For further information concerning this matter, please call:
BW mena at (4-7) 474-348)' (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 \$\times \text{S55 Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ility company as it a				tment
2. This limited liab		ıv was organized un	der the laws o	f:		
_		ration number of thi	s limited liabil	ity compa	ny is:	
	bility compa	ETACE Resigning) ny and affirm the lir				— of my
	gning Meml	per, Managing Mem	ber or Manage	<del></del> er		
Filing Fee: Certified Copy:	•	-			09 MAY 19 SECHETAR TALLAHASS	<u>n</u>

CR2E079 (5/06)

HILED MAY 19 AM 8: 57 EGRETARY OF STATE