105000034470

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		-

Office Use Only



300070742453

04/19/06--01009--003 **25.00

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS OF CORPORATIONS

J. BRYAN APR 2 4 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A & D Landvestor. (Name of Limited Liability Con	S LLC
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or M	anager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Angelika Ferrier (Name of Person)	_
. (Firm/Company)	DIVISION OF PH
700 Sand Creek Circle	9 9 P#
Weston Fl 33327 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Progetika Ferrier at (954) (Name of Person) at (Area Cod	6590322
(Name of Person) (Area Cod	e & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Englaced is a check for the following emount:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Angelika Ferrier, hereby resign as Member
(Title)
of A&D Landvestors, LLC
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314