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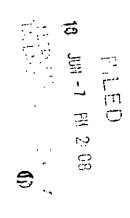
(R	equestor's Name)					
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### SUBJECT: Adams Management, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Bryan Adams				
(Name of Person)	<del></del>			
(Firm/Company)				
3000 Gulf Breeze Pkwy				
(Address)				
Gulf Breeze, FL. 32563				

Brian Stringfellow (Name of Person)

(City/State and Zip Code)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

For further information concerning this matter, please call:

■ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Adams Management, LLC	ty company is							
2.	The Articles of Organization	n were filed on August 30, 2005	; and	d assigned					
	document number L0500008	5788							
3.	(effective Note: If the date inserted in the	cetive date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing) inserted in this block does not meet the applicable statutory filing requirements, this date will not be inserted on the Department of State's records.							
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited lial copy 605,0707 on back cover l	pility company's dissolutetter).	ition pursuar	nt to section				
	•	ordance with the termination of th	<i>*</i>	ement.					
				7- 10- 1- 10-	<del>1</del> 5				
5.	If there are no members, ent	er the name and address of the	person appointed to wi	nd up the co	mpany's				
	activities and affairs:	William Bryan Adams, Manage	er		7 (T) - <del></del>				
		3000 Gulf Breeze Pkwy			<i>1</i> 3				
		Gulf Breeze, FL. 32563		9	<del>*************************************</del>				
6.	Signature of an authorized p	erson or if there are no member	ers, the signature of the	person appoi	inted and				
115	ted above to wind up the con	pany's activities and affairs:							
		Dunacon Will	iam Bryan Adams						
(	Signature		Printed Nan	ne					

FILING FEE: \$25.00