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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: ADIS MC DON SON R (Name of Limited Liability Compar | |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Member or Mana | nger and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the follow | owing: |
| JORGE LASSES | . |
| (Name of Person) | SEC SEC |
| JORGE CASSES | ARE TA |
| (Firm/Company) | RY C |
| 100 N. TAMPA AUE #357. | S FLOW |
| | OH RIDA RIDA |
| TAMPA: FC: 33602 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| | SY/- 6973 Daytime Telephone Number) |
| (Control of Control of | |
| Registration Section R Division of Corporations C Clifton Building P | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee \$\square\$\$\$ \$25 CR2E079 (8/05) | 5 Filing Fee & Certified Copy |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, JORGE LASSES hereby resign as MGR | |
|---|------|
| of ADIS MC DONSON REACTY LLC (Title) | |
| (Limited Liability Company) | - 10 |
| 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): | TI |

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