## L06000072428

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SECRETARY OF STATE

SECRETARY SEE, FLORID.

J. BRYAN

MAR - 3 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations			
SUBJECT: A D J I ENTERPRISES	S, LLC		
(Name of Limited Liability Company)			
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	g this matter to:		
John J. Ippolito, Manager			
(Contact Person)	EG 3.		
A D J I ENTERPRISES, LLC	O9 MAR - 2 PM 2: 1 SECRETARY OF STA ALLAHASSEE. FLOR		
(Firm/Company)	PR OF PR		
4220 Savannahs Trail	F STAT FLORI		
(Address)	Om -		
Merritt Island, Florida 32953			
(City/State and Zip Code)	·		
For further information concerning this mat	ter, please call:		
John J. Ippolito, Manager	_at (_321) 482-6092		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable  \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited lia of State is: A D J I EN	bility company as it appears on the reco TERPRISES, LLC	ords of the Florida Department
2. This limited liability compa	any was organized under the laws of:	MAR -2 PH SECRETARY OF ILLAHASSEE.
3. The Florida document/regine L06000072428	stration number of this limited liability o	company is:
4. I, Durinda A. Ippolito		s a Manager (Print Title)
(Print Name of Person of this limited liability compresignation in writing.	on Resigning) oany and affirm the limited liability com	
Durend a Lyste	J	
Signature of Resigning Mer	mber, Managing Member or Manager	
Filing Fee: \$25.00 Certified Copy: \$30.00	(Required) (Optional)	