## L07000106093

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
,					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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OR SEP 16 AN ID: 39
SECRETARY OF STATE

T. HAMPTON

SEP 1 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJI	ECT: ADO Trading (Name of Limited	ししし.  Liability Company)	
The enfiling.	closed member, managing member or ma	anager resignation and fee(s) are submitted for	or
Please	return all correspondence concerning this	s matter to:	
	Oscar Bello (Contact Person)		
·	(Contact Person)	<del></del>	
	(Firm/Company)	<del></del>	
12	080 SW 127 Aug (Address)	PMB 116	
<u>M</u> ,	ami, FL 331 (City/State and Zip Code)	86	
For fur	ther information concerning this matter, p	please call:	
0	SCar Rello at (Name of Contact Person)	(305) 753 006 (Area Code & Daytime Telephone Number)	)
Enclos	ed please find a check made payable to th	ne Florida Department of State for: \$55 Filing Fee & Certified Copy	
Registr Division Clifton 2661 E	extraction Section on of Corporations Building executive Center Circle eassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

		s it appears on the records of	-
	ility company was organized		
	ument/registration number o	f this limited liability compa	any is:
4. I, Os car	Be 110	, hereby resign as a	MGRM (Print Title)
resignation in wr		ne limited liability company	has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O8 SEP 16 SECRETARY O TALLAHASSEE