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SECRETARY OF STATE DIVISION OF CORPCEATIONS

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Adeline Ward LLC	
(Name of Limite	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Catherine Moore	
(Contact Person)	
Adeline Ward LLC	
(Firm/Company)	
PO BOX 13937	
(Address)	
Tallahassee, FL 32308	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Catherine Moore	at 310 418-6511
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$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



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as deline Ward LLC	it appears on the records	of the Florida Department
2. This limited li	ability company was organized	i under the laws of:	
3. The Florida do L080000	ocument/registration number of 51851	f this limited liability con	npany is:
4. I. Pamela	Maloy Moore	, hereby resign as a	Managing Member
(Prin	nt Name of Person Resigning)		(Print Title)
of this limited resignation in	liability company and affirm th writing.	e limited liability compar	ny has been notified of my
Jamle	a M. Mu		
Signature of R	esigning Member, Managing N	Member or Manager	_
Filing Fee:	\$25.00 (Required)		DIVISION  09 JAI

Certified Copy:

\$30.00 (Optional)