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_	stration Section sion of Corporations				
SUBJECT:	•	A	· D .	A .	Business, LLC
JODGE CT.	(Name of	Limit	ed Liab	ility Co	mpany)
The enclosed	I member, resignation or diss	socia	tion ar	nd fee(s) are submitted for filing.
Please return	all correspondence concern	ing t	his ma	tter to:	
Daniel Wagner	r, Esq.				
	(Contact Person)				_
Daniel Wagner	r, P.A.				
<u> </u>	(Firm/Company)				_
20807 Biscayn	e Blvd., Suite 201				
-	(Address)			. <u></u>	
Aventura, FL	33180				
	(City/State and Zip Code)				_
For further i	nformation concerning this n	natte	r, plea	se call:	
Daniel Wagne	r, Esq.		30: at (5	9197788
<u>(N</u>	Jame of Contact Person)		(Ar	ea Code	e & Daytime Telephone Number)
Enclosed plo	ease find a check made payat g Fee	ole to	the F	orida 5 Filin	Department of State for: g Fee & Certified Copy
Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it	appears on the records of the F	lorida Departn	nent
2. The Florida docu	ument/registration number assi	igned to this limited liability con	mpany is:	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:	2/9/2022	_
4. I, ANGEL SANTO	os no include	hereby withdraw/resign as	a	
(Print N MEMBER AND				
		limited liability company has be	een notified of	my
Signature of Di	ssociating Member or Resigni	ng Manager	2022 FEB 15	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		5 /111/0:5	·