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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

-	tration Section ion of Corporations		
	A&D Greenleaf, LLC		
SUBJECT:		imited Liability Com	pany)
The enclosed	I member, resignation or disso	ciation and fee(s)	are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
Angela Gre	en		
	(Contact Person)		-
			-
	(Firm/Company)		
18814 Cho	pin Dr.		
	(Address)		-
Lutz, FL 33	558		
	(City/State and Zip Code)		•
For further in	nformation concerning this ma	itter, please call:	
Angela Gre	en	813	451-8989
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable g Fee		epartment of State for: Fee & Certified Copy
Registration	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Execut	tive Center Circle Florida 32301		Tallahassee, Florida 32314

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 i	it appears on the records of the Florida Department
2. The Florida docu	ment/registration number ass	signed to this limited liability company is:
L11000025743	\$	
Angola Groon		gned or will withdraw/resign is: 1/1/2019 , hereby withdraw/resign as a
(Print No	ume of Person Resigning)	, hereby withdraw/resign as a
Managing Mer	nber	
(Print Title)	
of this limited liab		limited liability company has been notified of my
Dogoer		
Signature of Dis	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	