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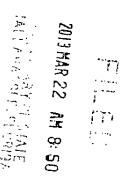
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Ad Meliora LLC	
(Name of	Limited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
Jeffery Bowman	
(Contact Person)	
Capital Management C	Consultants AND
(Firm/Company)	7, 24 21 (c) 22
743 Gantt Ave.	7. 25. Visited in the control of the
(Address)	
Sarasota FL 34232	1813 <b>%</b>
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Jeff Bowman	at (937 ) 305-9067
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabase \$25 Filing Fee	ole to the Florida Department of State for:  \$\square\$ \$\\$\\$ \$\\$ \$\\$ \$\\$ Filing Fee & \\ Certified Copy
	Contined Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company a	is it appears on the records		partment 
	lity company was organize			
	ment/registration number of	of this limited liability com	npany is:	
of this limited liab resignation in wri	oility company and affirm ting.	hereby resign as a he limited liability compar		
Filing Fee:	gning Member, Managing \$25.00 (Required) \$30.00 (Optional)	Member or Manager	A MARINE CONTROL OF THE CONTROL OF T	2013 MAR 22 AM 8: