## L11000107482

(Re	equestor's Name)			
(Ad	idress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	<del>:</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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J. SAULSBERRY

MAR 2 6 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Ad Meliora LLC			
(Name of Lim	nited Liability Cor	npany)	
The enclosed member, managing member or filing.	r manager resig	gnation and fee(s) are submi	tted for
Please return all correspondence concerning	this matter to:		
Jeffery Bowman		_	
(Contact Person)			
Capital Management Cor	nsultants		22 M/U C107
(Firm/Company)		- 5-	
743 Gantt Ave.			
(Address)			
Sarasota FL 34232			
(City/State and Zip Code)		_	74-
For further information concerning this matt	er, please call:		
Jeff Bowman	<sub>at (</sub> 937	305-9067	
(Name of Contact Person)	(Area Code	e & Daytime Telephone Numb	er)
Enclosed please find a check made payable t  \$\begin{align*} \begin{align*} \begi		Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	limited liability company as it a	appears on the records of the Flo	rida Dep	artment	
of State is:	DO MELIOTZA	LLC	<del>-</del> →	20	
	lity company was organized ur		LA SUSSEMANT SECTION OF THE SECTION	3 MAR 22 AM	programme of the second of the
	ment/registration number of th	is limited liability company is:		გ. <b>5</b> 0	
4. 1, MCUS (Print Na	the of Person Resigning)	hereby resign as a name.	GING I	neini	るどで
resignation in writ		mited liability company has been	notified	lofmy	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				