

L130000080425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

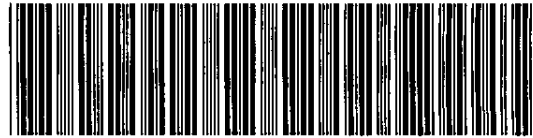
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/8/14 C.M.  
8-18-14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Law Office of Samuel T. Adams, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Samuel T. Adams

(Contact Person)

Law Office of Samuel T. Adams, LLC

(Firm/Company)

Post Office Box 191

(Address)

Panama City, FL 32402-0191

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel T. Adams

(Name of Contact Person)

at (850) 819-3585

(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
14 SEP -4 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
14 SEP - 4 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Law Office of Samuel T. Adams, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000080425

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/3/2013

4. I, Laura J. Mann, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Managing Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2014

SAMUEL T. ADAMS  
LAW OFFICE OF SAMUEL T. ADAMS, LLC  
POST OFFICE BOX 191  
PANAMA CITY, FL 32402-0191

SUBJECT: LAW OFFICE OF SAMUEL T. ADAMS, LLC  
Ref. Number: L13000080425

FILED  
14 SEP - 4 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LAW OFFICE OF SAMUEL T. ADAMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No signature of Dissociating Member resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 614A00017725