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	uestor's Name)		
(Requ	Jestor s ivame)		
(Addı	ress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Busi	iness Entity Nar	ne)	
(Doci	ument Number)		
Certified Copies	Certificates	s of Status	
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Special Instructions to Filing Officer:			

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1.6.20 图 4

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A DG Food TRUCK S (Name of Limited Li	
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
KELUN DAWSON (Contact Person)	
(Firm/Company)	
PMB 167. 3956 TOWN CENTER BL (Address)	υΟ , ORLANDO , FL , 32837
ORLANDO 32837 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
KEUIN DANSON at (407) 399 888 3 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: 355 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

1. The name of the lin	mited liability company as it	appears on the records of the Florida Department
of State is: <u>ADE</u>	FOOD TRUCKS LL	<u></u>
2. The Florida docum	nent/registration number ass	gned to this limited liability company is:
L1400016	0426	
		ned or will withdraw/resign is: 12 20 18
4.1, KEDIN D	. ^ \ \ \	, hereby withdraw/resign as a
	G. Q. rint Title)	
of this limited liabil resignation in writing		limited liability company has been notified of my
Signature of Diss	ociating Member or Resigni	ng Manager
•	\$25.00 (Required) \$30.00 (Optional)	