

L160000 36119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

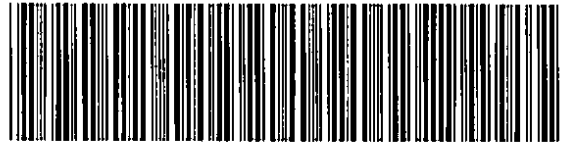
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/20 -01010--002 **25.00

FILED
2020 APR 20 AM 9:34
CLERK OF COURT

Resignation

APR 02 2020
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADR TRAINING COLLABORATIVE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STANLEY ZAMOR

Name of Person

ADR TRAINING COLLABORATIVE LLC

Firm/Company

7958 PINES BOULEVARD # 235

Address

PEMBROKE PINES FLORIDA 33024

City/State and Zip Code

info@adrctraining.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANLEY ZAMOR

Name of Person

at (906) 651-6071 or (906) 601-520

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2020 MAR 20 AM 9:34
ALLIANCE

**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: ADR TRAINING COLLABORATIVE, LLC

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

L16000036119

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 5, 2019

4. I, MEAH TELL, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

(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)