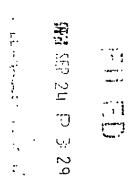


(Red	iuestor's Name)			
(Add	dress)			
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(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	Filing Officer:			





09/24/18--01015--016 **25.00





COVER LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: VIRGINIA ADKINS LLC			
· -	f Limited Liability Co	ompany)	
The enclosed member, resignation or dis	sociation and fee	(s) are submitted for	or filing.
Please return all correspondence concerr	ning this matter to	:	
VIRGINIA ADKINS			
(Contact Person)			
VIRGINIA ADKINS LLC			H
(Firm/Company)		_ 	C. J. C.
13400 SPLASH COURT			, E
(Address)			
ORLANDO FL 32828			¢ , ,
(City/State and Zip Code)		_	
For further information concerning this i	natter, please call	:	
VIRGINIA ADKINS	407 at (288-6497	
(Name of Contact Person)		le & Daytime Telepl	hone Number)
Enclosed please find a check made payal \$25 Filing Fee		Department of Sta ng Fee & Certified	
STREET/COURIER ADDRESS: Registration Section		MAILING ADI Registration Sec	
Division of Corporations		Division of Corp	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Flo	rida 32314

CR2E079 (2/14)



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	limited liability company	as it appears on the records	of the Florida Depart	ment
of State is:	GINIA ADKINS LLC		: <u>+</u> E	·
2. The Florida doc L1800000255	ument/registration number	assigned to this limited liab	ility company is:	
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/res	sign is: 2/01/2018	ر
4. I,	(INS	, hereby withdraw/re	sign as a'	
(Print N	lame of Person Resigning)			
MANAGER				
	(Print Title)			
of this limited lia resignation in wr		the limited liability compan	y has been notified o	fmy
Quo 1	J. Marine			
Signature of D	issociating Member or Res	igning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			