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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
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(Document Number)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
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Office Use Only



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October 24, 2018

VIA REGULAR MAIL:

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

RE: Dissociation or Resignation of Member, Manager from Florida LLC

To Whom It May Concern:

Enclosed herewith, please find Check No. 1250 in the amount of \$25.00 that amount represents the Filing Fee of the attached "Dissociation Or Resignation Of Member, Manager From Florida Or Foreign Limited Liability Company".

Should you have any questions or concerns, please do not hesitate to contact me.

Very Truly Yours,

Michelle Konecny.

Executive Assistant to

Justin Savich

Enclosures

COVER LETTER

TO:	C .		
	Division of Corporations		
SUBJ	American Debt Liquidators		
	(Name of L	imited Liability Co	npany)
The e	enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to:	
Travi	is Seybold		
	(Contact Person)	_ 	_
Ame	rican Debt Liquidators, LLC		
	(Firm/Company)		_
4907	N. Florida Avenue		
	(Address)		_
Tamp	pa, FL 33603		
	(City/State and Zip Code)	<u> </u>	_
For fu	urther information concerning this ma	atter, please call:	
Travi	is Seybold	904 at (334-3532 _)
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations		Division of Corporations P.O. Box 6327
	n Building Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
	nassee, Florida 32301		rananassee, fronda 52514

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)

Ame	limited liability company as i		irtment
	ument/registration number ass	signed to this limited liability company is	TI I
Justin Savich	1	gned or will withdraw/resign is: 24-78 , hereby withdraw/resign as a	 .
Authorized M	* * * * * * * * * * * * * * * * * * * *		
	bility company and affirm the	limited liability company has been notified	of my
Signature of Di	sociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		