19000 4	3205
(Requestor's Name) (Address)	700330192937
(Address) (City/State/Zip/Phone #)	06/10/1501017010 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	TILED 2019 JUN 10 MM 8: 10
Office Use Only	T GLASS JUL 0 1 2019

## **COVER LETTER**

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**TO:** Registration Section Division of Corporations

SUBJECT: ADJAS, 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:

Sherri Alex Hyman

(Contact Person)

ADJAS, LLC

(Firm/Company)

3283 Wise Way

(Address)

The Villages, FL 32163

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Hyman	214	632-8559
	at (	_)
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$25 Filing Fee & Certified Copy\$\$

#### STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

#### MAILING ADDRESS:

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





### 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 Department of State is: \_\_\_\_\_
- 2. The Florida document/registration number assigned to this limited liability company is: 0 PNAF 6102 L19000043205

<u>М</u>М 8:

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:  $\frac{1 \text{ May } \overline{2}01}{2}$
- 4. I, \_\_\_\_\_\_, hereby withdraw/resign as a \_\_\_\_\_\_, hereby withdraw/resign as a

AMBR

(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)