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PICK-UP	WAIT	MAIL		
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(Document Number)				
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10/08/21--01010--021 **60.00



COVER LETTER

TO: Registration Section Division of Corporations	
Adams Groves, LLC SUBJECT:	
(Name of Limited Liah	pility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Mary Patricia Adams	
(Contact Person)	
(Firm/Company)	
385 Blackwood Road	
(Address)	
Columbus, North Carolina 28722	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Mary Patricia Adams 86 at (3 956-7571
· \	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F S25 Filing Fee \$5	lorida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as s Groves, LLC	it appears on the records of the	e Florida Department
2. The Florida docu L19000132653	iment/registration number as:	signed to this limited liability o	company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is	s:
4. I. Brandon J. Rafool (Print Name of Person Resigning)		, hereby withdraw/resign a	as a
Manager/Member			
	(Print Title)		
of this limited lial resignation in-wr		s limited liability company has	been notified of my
Signature of Di	ssociating Member or Resign	iing Manager	ECRET
_	\$25.00 (Required) \$30.00 (Optional)		1-8 M 9