

L19 000 177239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

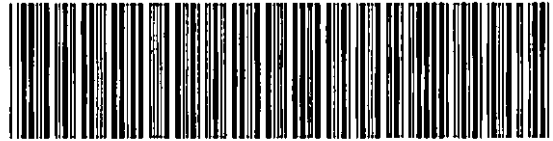
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Ra Resignation

MAY 28 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.D.L.C. LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000177239

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Cabrera

Name of Person

Reinfeld & Cabrera, PA

Name of Firm/Company

10235 West Sample Road, Suite 207

Address

Coral Springs, FL 33065

City/State and Zip Code

mac@lawrct.com

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

For further information concerning this matter, please call:

Michael Cabrera 954 334-1520
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Reinfeld & Cabrera, PA

_____, hereby resigns as
Name of Registered Agent

Registered Agent for A.D.L.C. LLC

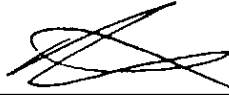
Name of Limited Liability Company

L19000177239

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Michael Cabrera, Director

Typed or Printed Name

Director of Reinfeld & Cabrera, P.A.

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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