

L19 000 229387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

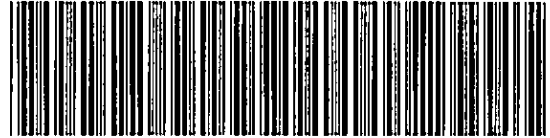
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Association
of member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACADIA, 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:

MYHANH LOUDEN

(Contact Person)

ACADIA, LLC.

(Firm/Company)

500 S FEDERAL HWY, #1641

(Address)

HALLANDALE, FL 33008

(City/State and Zip Code)

For further information concerning this matter, please call:

MYHANH LOUDEN

(Name of Contact Person)

3055150135

at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

PAID

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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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2021

MYHANH LOUDEN
500 S. FEDERAL HWY
1641
HALLANDALE, FL 33008

SUBJECT: ACADIA LLC
Ref. Number: L19000229387

We have received your document for ACADIA LLC and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS VOLUNTARILY DISSOLVED 09/27/2021, CANNOT FILE
AMENDMENT ON AN INACTIVE ENTITY

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00025881



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: ACADIA, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L19000229387

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2021

4. I, MYHANH LOUDEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED REPRESENTATIVE

(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)

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SECRETARY OF STATE
TALLAHASSEE, FL