

L19000274630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

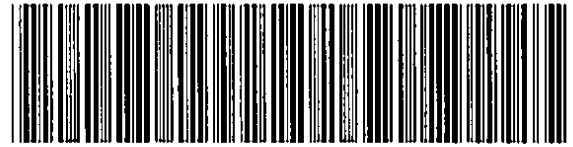
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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*Dissociation  
of Member*

MAR 27 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADMAN MANAGEMENT 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:

REBECCA ADNEY  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

338 RUTLEDGE AVE, APT A  
(Address)

SOUTH DAYTONA, FL 32119  
(City/State and Zip Code)

For further information concerning this matter, please call:

REBECCA ADNEY at ( 407 ) 401-0225  
(Name of Contact Person) (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

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

FILED  
COPY OF STATE  
CORPORATION  
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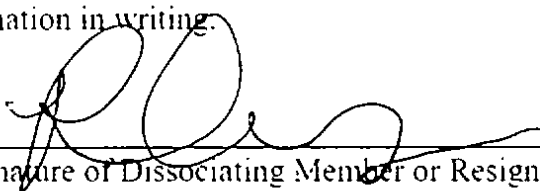
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: ADMAN MANAGEMENT LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L19000274630
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JAN 1, 2020
4. I, REBECCA ADNEY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AP  
*(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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STATE  
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