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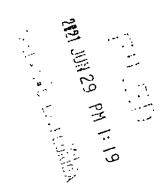
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
AD Notary LLC	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
Arneedia Dandy	
(Contact Person)	
AD Notary LLC	
(Firm/Company)	
2453 NW 142 Lane	
(Address)	·
Opa Locka, Florida 33054	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Arneedia Dandy	786 200-1066 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab S25 Filing Fee	
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

TO:



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 of State is: $\frac{\text{Florid}}{\text{Florid}}$	•	it appears on the records of	the Florida	Departr	ment
2. The Florida docu	ument/registration number as	ssigned to this limited liabilit	ty company	is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	6/1/202 n is:	!i	_
4. I, Dandy		, hereby withdraw/resig			
Authoized Membe	·				
		ne limited liability company l	has been no	921	îmy
Lin	1/2			<u>ງແນ 29</u>	
Signature of Di	ssociating Member or Resig	ning Manager	: •	PH -:	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-	1:19	