L21000171581

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Dusiness Entire Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





300415645243

09/15/23--01033--012 **25.00

2023 SEP 15 PM 4: 07

COVER LETTER

TO:	Registration Section Division of Corporations							
	DIVIS	ion of Corporations						
SUBJ	ECT:	A.D.A. DRYWALL, LLC						
		(Name of	Limited	d Liability C	ompan	y)		
The er	iclosed	l member, resignation or dis	sociati	on and fee	e(s) are	e submitted for filing.		
Please	return	all correspondence concern	ing thi	s matter to) :			
ELVIN	SANT	OS BONILLA						
		(Contact Person)						
			<u></u>	····				
		(Firm/Company)						
7271 N	IW 1701	TH ST						
		(Address)						
TRENT	TON, FI	ORIDA 32693						
•	,	(City/State and Zip Code)						
For fu	rther in	nformation concerning this n	iatter.	please cal	l:			
ELVIN	SANT	OS BONILLA	a	352 ! (21	0-9781		
	(N:	ame of Contact Person)		`	le & D	aytime Telephone Number)		
Enclos	sed ple	ase find a check made payab	le to t	he Florida	Depai	rtment of State for:		
= \$25	5 Filing	Fee	Ξ	🗆 \$55 Filir	ng Fee	& Certified Copy		
		g Address:				et Address:		
		tration Section				istration Section		
		ion of Corporations 3ox 6327				ision of Corporations Centre of Tallahassee		
		10x 0527 1assec, FL 32314				Centre of Tananassee 5 N. Monroe Street, Suite 810		
	រ ជា ដោ	(m300; 11; 02;114				ahassee, 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)

A.D.	limited liability company as	• •		rtment
	ument/registration number a			
3. The date this mo	mber/manager withdrew/res	signed or will withdraw/resi	gn is:	
4. I. ELVIN SANTO (Print N MANAGER	S BONILLA Tame of Person Resigning)	, hereby withdraw/res	ign as a	
	(Print Title) bility company and affirm thiting.	ne limited liability company	has been notified o	of my
mi	<u> </u>		7774	
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ining Manager	2029 SEP 15 PM 4: 0	