## L21000304237

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(=====				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Onicer.				
J. HORNE				
MAY 2 5 2022				

Office Use Only



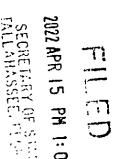
100385495631

04/15/22--01016--018 \*\*55.00

## **COVER LETTER**

TO: Registration Division of	on Section of Corporations	
SUBJECT:	Adjust It Right	Public Adjusting LLC
	(Name of	Limited Liability Company)
The enclosed mer	nber, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all c	orrespondence concerr	ing this matter to:
Lady Cueva		
	(Contact Person)	<del></del>
Adjust It Righ	nt Public Adjusting I	LC
	(Firm/Company)	
2054 Vista Pa	arkway Suite 400	
	(Address)	
West Palm Be	each, FL 33411	
	(City/State and Zip Code)	<del></del>
For further inform	nation concerning this r	natter, please call:
Lady Cueva	a	a <sub>1</sub> ( 786 ) 617-5449
(Name o	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please fi	nd a check made payal	ole to the Florida Department of State for:
☐ \$25 Filing Fee		
Mailing Ado		Street Address:
Registratio		Registration Section
Division o P.O. Box 6	f Corporations	Division of Corporations The Centre of Tallahassee
= '	e, FL 32314	2415 N. Monroe Street, Suite 810
i ananasse	Q, 1 L J2J14	Tallahassee, FL 32303





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 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 Fl	lorida Department	
of State is:	Adjust It Right Publi	c Adjusting LLC		
2. The Florida doc	ument/registration number ass	signed to this limited liability con	npany is:	
87-1500661				
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is: _	2/28/22	
4. I. Alexander Cantor		, hereby withdraw/resign as a	, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)			
Manage	r			
	(Print Title)			
of this limited lia resignation in wr		e limited liability company has be	en notified of my	
	Alexander Cantor			
Signature of Di	ssociating Member or Resign	ing Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			