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(Red	questor's Name)			
(Ado	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

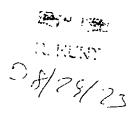
Office Use Only



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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SUBJECT: Adarenergy Contracting & Engineering 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:

Addys Mederos
(Contact Person)

Adarenergy Centracting a Engineering LLC

PO Box 443293

Miani, FL-33144

For further information concerning this matter, please call:

r or turmer information concerning this matter, please can:

Addys Mederus at (305) 815-2135

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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



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 app	oears on the records of the Flo	orida Department
of State is:	Idarenergy Contraction	ng & Engineering	LLC
2. The Florida docu	ument/registration number assigned	d to this limited liability comp	pany is:
L23	000 374 175		
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:	08/23/2023
	ando <u>Medetos</u> . ame of Person Resigning)		
_x Ma	naser Print Titles		
of this limited liab resignation in wri	oility company and affirm the limiting.	ted liability company has bee	n notified of my
* SM			
Signature of Di	ssociating Member or Resigning N		
	\$25.00 (Required) \$30.00 (Optional)		
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