

MIS 000006720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

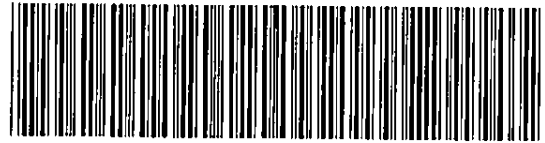
(Business Entity Name)

(Document Number)

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

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RECEIVED  
APR 25 AM 8:05 2024  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
CD/25/24

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 4/25/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1250906

**ORDER ENTITY**

ADAMS MEM, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ADAMS MEM, LLC (FL)

File the attached withdrawal document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
APR 25 AM 8:05

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADAMS MLM, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER MATAJA

\_\_\_\_\_  
(Name of Person)

LAFAYETTE RE, LLC

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

1 UNION SQUARE WEST, 3RD FLOOR SUITE 301

\_\_\_\_\_  
(Address)

NEW YORK, NY 10003

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

2024/09/25 AM 8:05  
RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ADAMS MEM. LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

08/25/2015

(Date registered with Florida Department of State)

M15000006720

(Florida Document Number)

2015 SEP 25 AM 8:05  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
50

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DocuSigned by:

Christopher Mataya

(Signature of authorized representative)

Christopher Mataya

(Typed or printed name of signee)

Filing Fee: \$25.00