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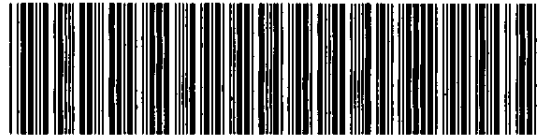
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09 JAN 21 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
JAN 22 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIVERSIDAD DEL CARIBE OF FLORIDA LLC.  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSE A. AYBAR  
(Contact Person)

UNIVERSIDAD DEL CARIBE OF FLORIDA LLC.  
(Firm/Company)

780 FISHERMAN STREET SUITE # 210  
(Address)

OPA-LOCKA, FL 33054  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. AYBAR at ( 305 ) 681-3900 Ext. 224  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 24, 2008

JOSE A AYBAR  
780 FISHERMAN STREET STE #210  
OPA-LOCKA, FL 33054

SUBJECT: UNIVERSIDAD DEL CARIBE OF FLORIDA, LLC  
Ref. Number: L06000079721

We have received your document for UNIVERSIDAD DEL CARIBE OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 608A00061629

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: UNIVERSIDAD DEL CARIBE OF FLORIDA LLC.

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L06000079721

4. I, EVELYN C CASTILLO, hereby resign as a DIRECTOR /CFO  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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