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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

Amanda Ross

SUBJECT: Sky High Learning Academy, 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:

(Contact Person)		
H.B. Ross & Co.		
(Firm/Company)		_
19046 Bruce B Downs Blvd, Suite	302	
(Address)		_
Tampa, FL 33647		
(City/State and Zip Code)		
For further information concerning this matte	er, please call	:
Amanda Ross	at (813	977-9977
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida	Department of State for: \$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

CR2E079 (5/06)



DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

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

	High Learning Acade	it appears on the records of the Florida Demy, LLC	partmen
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L07000027	_	this limited liability company is:	
_{4. I,} Claudia Di	Geronimo	, hereby resign as a Manager (Print Title)	
(Print N	ame of Person Resigning)	(Print Title)	
resignation in wri	ting.	e limited liability company has been notific	ed of my
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:			