L07000101189

(Re	equestor's Name)				
(Ac	ldress)				
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(Ci	ty/State/Zip/Phone #	P)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	f Status			
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l Sellers					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mayeric (Name of Limite	Its in Education, LL
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Frank Atthis (Contact Person)	550n
Se/F (Firm/Company)	
423/ Missimme	e Park Rd
St Cloud F/ (City/State and Zip Code)	3 4 7 7 2
For further information concerning this matter,	please call:
Frank Atthisson	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	
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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2012

FRANK ATTKISSON 4231 KISSIMMEE PARK ROAD ST CLOUD, FL 34772

SUBJECT: MAVERICKS IN EDUCATION FLORIDA, LLC

Ref. Number: L07000107789

We have received your document for MAVERICKS IN EDUCATION 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 812A00000906

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears of Maverichis in A					nent
	ility company was organized under the	laws of:				
	ment/registration number of this limite	d liability comp	oany is:			
<u> LO</u>	7000107789					
4.1, Fran	ame of Person Resigning), heret	oy resign as a _	VP (Prin	t Title)		
of this limited lial resignation in wr	pility company and affirm the limited liating.	ability company	y has been	notifi	ed of	my
Fre	anh attheseo	<u></u>				
Signature of Resi	gning Member, Managing Member or N	Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		3	SECRETAR	12 FEB 10	Common Co

CR2E079 (5/06)