L130006286/

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	- W
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400262366004

07/17/14--01017--003 **25.00

14 JUL 17 PH 2: 37
SECRETARY OF STATE
TALLAHASSEE, FLORID

JUL 3 0 2015
T. LEMIEUX

COVER:LETTER

Division of Corporations		
Floridian College Planning F	Resources, L	LC
	nited Liability Co	mpany)
The enclosed member, resignation or dissocration	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	:
Walter W. Jenkins		
(Contact Person)		
Floridian College Planning Resources, L	-LC	
(Firm/Company)		
3013 S. Del Prado Blvd. #10		
(Address)	•••	_
Cape Coral, FL 33904		
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matt	er, please call:	•
Walter W. Jenkins	239	257-3664
(Name of Contact Person)	_ ` \	e & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee, r minua 32314

CR2E079 (2/14)



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)

		s it appears on the records of the Florid	la Department
of State is:	idian College Planning Re	sources, LLC	
2. The Florida doc	ument/registration number as	ssigned to this limited liability compar	ny is:
L1300006286	1		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	18/2014
4. I, Annmarie Ca	ampbell	, hereby withdraw/resign as a	
(Print)	lame of Person Resigning)		
Managing Me	ember		
	(Print Title)		
		ne limited liability company has been n	otified of my
resignation in wr	iting. Indelle		
Signature of D	issociating Member or Resig	ning Manager	1
			SE(
	\$25.00 (Required)		AEC AEC
Certified Copy:	\$30.00 (Optional)		SA -