## 402000000677

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF SIGNER OF CORPORALISM

MAY 2 2 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division	of Corporations	
SUBJECT:	New Horizons Gro	up LLC
50.50ECT	(Name of Lin	nited Liability Company)
The enclosed me filing.	mber, managing member o	r manager resignation and fee(s) are submitted for
Please return all	correspondence concerning	g this matter to:
Dolo	res Strockbine	
	(Contact Person)	
Tho	mas W. Hill & Co. LL	C
	(Firm/Company)	
13	18 Lafayette St	
	(Address)	
C	ape Coral, FL 33904	
	(City/State and Zip Code)	
For further inform	nation concerning this mat	ter, please call:
Dolores St	rockbine	_ at (239) _549-2444
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please,		to the Flor <u>ida</u> Department of State for:
<b>X</b>	\$25 Filing Fee	\$55 Filing Fee &
/		Certified Copy
· -	RIER ADDRESS:	MAILING ADDRESS:
Registration Sect		Registration Section
Division of Corp	orations	Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive C		Tallahassee, Florida 32314
Tallahassee, Flor	ida 32301	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1 Th Call 19 24 119 1219	•	0.1 1.1 -
1. The name of the limited liability co	ompany as it appears on the records of	of the Florida Department
of State is: New Horiz	ons Group LLC	
2. This limited liability company was	organized under the laws of:	
Florida	•	
	·	
7 The Florida decument/registration	mumber of this limited list lite.	
3. The Florida document/registration		pany is:
L02000000677	·	
. Stephen Whitcombe		Managan
4. I, Stephen Whitcombe  (Print Name of Person Resign	, hereby resign as a _	Print Title
of this limited liability company and resignation in writing.	i affirm the limited liability company	y has been notified of my
Signature of Resigning Member M	0	
Signature of Resigning Member M	anaging Member or Manager	
Filing Fee: \$25.00 (Requir	ed)	n
Certified Copy: \$30.00 (Option	al)	Na K