

L020000003604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

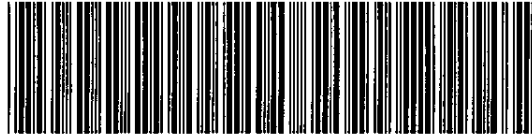
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800082763728

12/26/06--01050--028 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 26 PM 3:21

J. BRYAN DEC 27 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jose Maria Vargas University LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis A. Cordero, Esq.
(Name of Person)

Cordero & Associates, P.A.
(Firm/Company)

200 S. Biscayne Blvd. Suite #4650
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis A. Cordero, Esq. at (305) 777-2677
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 26 PM 3:21



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Zobeida Marina Parra de Sosa, hereby resign as Manager
(Title)

of Jose Maria Vargas University LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

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

(Signature of resigning manager, managing member or member)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 26 PM 3:21

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314