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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: Dispute Resolution & Education Center, 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: Mary Kinberg (Contact Person) Kinberg & Associates, LLC
(Firm/Company) 1290 W. Eau Gallie Blvd. Melbourne, Florida 32935 (City/State and Zip Code) For further information concerning this matter, please call: at ( 321 ) 259-1910 (Area Code & Daytime Telephone Number) Mary Kinberg (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **✓** \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it apoute Resolution & E	•		Department
State of Flo		<u>.</u>	ARY SSEI	FILE
3. The Florida docum	nent/registration number of this 5829	s limited liability compa 	F STATE	<b>ت</b> پ
<sub>4. I,</sub> Barbara P	eterson	_, hereby resign as a <u>V</u>	1GRM	
(Print Nam	ne of Person Resigning)		(Print Tit	le)
of this limited liabil resignation in writing	ity company and affirm the linng.	nited liability company	has been not	ified of my
Garlage Signature of Basicar	Seteries Marsing Mars	har ar Managar		
Signature of Resign	iing Member, Managing Meml	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			