

LD40000015806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

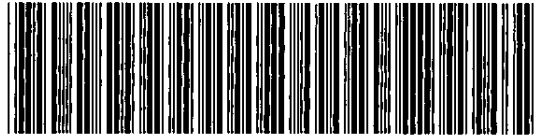
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LS

Office Use Only



500111223925

11/05/07--01051--035 **35.00

FILED

2007 NOV 16 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Educational Services Provider, 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:

Wilfredo Moreno
(Contact Person)

Educational Services Provider, LLC
(Firm/Company)

2900 Glades Cir. #800
(Address)

Weston, FL, 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

Wilfredo Moreno at (954) 845 0661
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2007

WILFREDO MORENO
2900 GLADES CIRCLE NO. 800
WESTON, FL 33327

SUBJECT: EDUCATIONAL SERVICES PROVIDER, L.L.C.
Ref. Number: L04000015806

We have received your document for EDUCATIONAL SERVICES PROVIDER, L.L.C. 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: 007A00064887



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Educational Services Provider, LLC

2. This limited liability company was organized under the laws of:

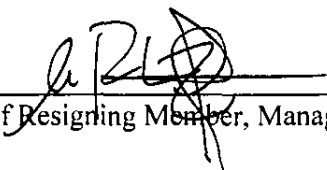
the State of Florida

3. The Florida document/registration number of this limited liability company is:

LO4000015806

4. I, Maria Zuniga, hereby resign as a manager
(Print Name of Person Resigning) (Print Title)

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


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2007 NOV 16 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA