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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Code Blue Education, LLC (Name of Limited	I Liability Company)
Dear Sir or Madam:	
Dear St. Of Ividiani.	÷
The enclosed Resignation of Member, Managing M	ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Dale D. McElroy	
(Name of Person)	-
Code Blue Education, LLC	06 NUG 29 PM 7
(Firm/Company)	£ 29
3101 Laurel Ridge Ct	
(Address)	, , , , , , , , , , , , , , , , , , ,
Bonita Springs, FL 34134	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call;
	495 7588
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Dale D McElroy	, hereby resign as MGRM
	(Title)
of Code Blue Education, LLC	·
(Limite	ed Liability Company)
a limited liability company organized under	r the laws of the State of Florida
and affirm that the limited liability compan	y has been notified in writing of the resignation.
(Signature of resigning ma	MGRM anager, managing member or member)
	<i>(7</i>

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