L05000073490

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| | · | • |
| (D6 | cument Number) |) |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | Chills |





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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--------------|--|
| SUBJECT: Center for Career De (Name of Limited | | |
| The enclosed member, managing member or managing. | anager resiį | gnation and fee(s) are submitted for |
| Please return all correspondence concerning thi | s matter to: | |
| Joelle L. Powell | | _ |
| (Contact Person) | | - |
| Center for Career Developme | nt, LLC | |
| (Firm/Company) | | _ |
| 3453 High Hampton Circle | | _ |
| (Address) | | 10年6岁 JOSEP 15.11 |
| Tampa, FL 33610 | | of the most of the second seco |
| (City/State and Zip Code) | | |
| For further information concerning this matter, | please call: | : |
| Joelle L. Powell | t (813. | 205-5813 2 & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable to t \$25 Filing Fee | | Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Section | | Registration Section |
| Division of Corporations Clifton Building | | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | | |
| CR2E079 (5/06) | | |



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 a | appears on the record | s of the Florida De | partm | ent |
|---|-------------------------------------|-------------------------|--------------------------------------|-----------|-----------------------------|
| of State is: Ce | nter for Career Deve | elopment, LL(| <u> </u> | | • |
| 2. This limited liability company was organized under the laws of: Florida | | | | 06 NOV 27 | SECRETARY DIVISION OF CO |
| | | | | 垩 | CORFORATIONS |
| 3. The Florida docu | ment/registration number of th | is limited liability co | mpany is: | ڢ | RAT |
| L0500007 | - | · | · · | 26 | SNO |
| 4. I, Joelle L. | Powell ame of Person Resigning) | , hereby resign as a | MVûnAğ Mî member (Print Title) | | - |
| , | oility company and affirm the li | mited liability compa | , | | my |
| Alle i | facel 1 | 1/19/06 | | | |
| Signature of Resi | gning Member, Managing M ə f | nber or Manager | | , | |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Copy: | \$30.00 (Optional) | | | | |