

LO5000075302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

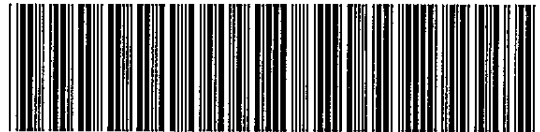
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700062243757

12/19/05--01027--024 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 19 PM 1:12

FILED

12/20
Aust

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Susan McNally Educational Consulting 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:

Susan McNally
(Name of Person)

Susan McNally Educational Consulting LLC
(Firm/Company)

970 S. Town & River Drive
(Address)

Ft. Myers, FL 33919
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 19 PM 1:12

FILED

For further information concerning this matter, please call:

Susan McNally at (239) 210-1516
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Kevin T. McNally, hereby resign as manager/member
(Title)
of Susan McNally Educational Consulting 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]
(Signature of resigning manager, managing member or member)

FILED
05 DEC 19 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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