

LA5000118328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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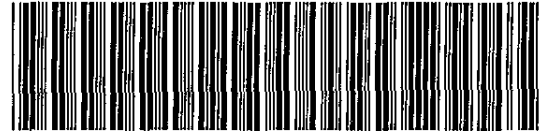
(Business Entity Name)

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DIVISION OF CORPORATIONS
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Handwritten signature or initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campus Choice
(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:

Phillis Dunn
(Name of Person)

(Firm/Company)

13840 Alice Lane
(Address)

Odessa, FL 33556
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillis Dunn at (813) 926-4640
(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

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FILL
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Phillip M Dunn hereby resign as managing member
(Title)
of Samphs Choice 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.

Phillip M Dunn 1-17-06
(Signature of resigning manager, managing member or member)

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JAN 30 PM 4:30

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