L060000073089

(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:				
A. LUNT				
AUG 26 2011				
EXAMINER				

Office Use Only



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05/10/12--01014--024 **35.00

FILED

2012 AUG 17 PU 01 02

SECRETARY OF STATE
AND ANALYSEE FOR GRADE



May 21, 2012

YVONNE ROSE P.O. BOX 270063 TAMPA, FL 33688

SUBJECT: AREA TUTORS LLC Ref. Number: L06000073089

We have received your document for AREA TUTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Letter Number: 212A00014807

Agnes Lunt Regulatory Specialist II

www.sunbiz.org



June 29, 2012

YVONNE ROSE P.O. BOX 270063 TAMPA, FL 33688

SUBJECT: AREA TUTORS LLC Ref. Number: L06000073089

We have received your document for AREA TUTORS LLC. However, the document has not been filed and is being returned for the following:

Your company is inactive and so to remove anyone you would need the resignation which is enclosed.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 212A00017784

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Orea Tudors II C (Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to): ·
Yvonne Rose (Contact Person)	
avea Tufais, LLC (Firm/Company)	AHASSEE, EL
P.U. Boy 170063 (Address)	ZHO NUS 17 PH @ \$2 SECRUTARY OF STATE TALLAHASSEE, FLORIES
Tampa FL 336 88 (City/State and Zip Code)	
For further information concerning this matter, please cal	I:
Yvante Rose at (813) (Name of Contact Person) (Area Coo) 361-2688 de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$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

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 of State is:	limited liability company as i	REA TWOES	of the Florida	Department	eng v Jume
_	lity company was organized			 4	
	ment/registration number of		pany is:	ZiBIZ AUG 17	71
4. I, Yvonne	Pose ame of Person Resigning)	, hereby resign as a _	t r	m	G
of this limited lial resignation in wr	offity company and affirm the	limited liability compan	y has been not	tified of my	
Signature of Resi	nre Pose gning Member, Managing M	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				