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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ed-Links, LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submifiling.	itted for
Please return all correspondence concerning this matter to:	
Sheila LeGrand	
(Contact Person)	
Ed-Links, LLC	7 ₁₀ 2
(Firm/Company)	
6829 Compass Ct	B 22 ETARI
(Address)	22 PH 22 PH ANY OF SSEE, F
Orlando, FL 32810	FEB 22 PM 1:35 CRETARY OF STATE LAHASSEE, FLORIDA
(City/State and Zip Code)	ă ^m 33
For further information concerning this matter, please call:	
Sheila LeGrand at (407) 765-0860 (Name of Contact Person) (Area Code & Daytime Telephone Numb	oer)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	·
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314	4

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 lim of State is: Ed-L	ited liability company as it ap _inks, LLC	ppears on the records	of the Florid	a Depart	ment	
2. This limited liability the State of	company was organized und Florida	er the laws of:		SECRETARY O	08 FEB 22 P	HLEC
3. The Florida docume L060000823	ent/registration number of this	limited liability com	npany is:	OF STATE	PH 1:35	U
·	of Person Resigning) Ly company and affirm the lim	, hereby resign as a nited liability compan	(Print	Title)		er
Welkinson a	Legrand ng Member, Managing Memb	per or Manager				
<u> </u>	\$25.00 (Required) \$30.00 (Optional)					