NO6000095942

(Requestor's Name)					
(Address)					
(Address)					
()					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Prione #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

TO: R	egistration Section		
D	ivision of Corporations		
SUBJEC	FB SCHOOL HOLDINGS, LLC		
		Limited Liability Co	mpany)
The enclo	osed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please ret	turn all correspondence concern	ing this matter to:	
ANIL SAN	A.L.		
	(Contact Person)		_
FB SCHOO	OL HOLDINGS, LLC		
	(Firm/Company)		_
200 LONG	GWOOD LAKE MARY BLVD.		
	(Address)	, ,	_
LAKE MA	ARY, FL 32746		
	(City/State and Zip Code)		_
For furthe	er information concerning this n	natter, please call:	:
ANIL SAN	NT.	407 at (929-5653
*	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed	please find a check made payab	le to the Florida l	Department of State for:
■ \$25 Fi	iling Fee	□ \$55 Filin	g Fee & Certified Copy
<u>M</u>	ailing Address:		Street Address:
R	egistration Section		Registration Section
	ivision of Corporations		Division of Corporations
	O. Box 6327		The Centre of Tallahassee
1 6	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	the limited liability company a	as it appears on the records of the	e Florida Department
2. The Florida d	_	assigned to this limited liability o	company is:
STHADTI	FRIEDMAN It Name of Person Resigning)	esigned or will withdraw/resign i, hereby withdraw/resign	
of this limited resignation in Signature of	(Print Title) liability company and affirm twriting. Dissociating Member or Resi	the limited liability company has	102 PM 3: 47 102 PM 3: 47 102 PM 3: 47 102 PM 3: 47
Filing Fee:	\$25.00 (Required)		

\$30.00 (Optional)

Certified Copy: