## L06000115926

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only Old Col 2 for Horic #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200157055672

07/08/09--01010---012 \*\*55.00



C. LEWIS

JUL 9 2009

**EXAMINER** 

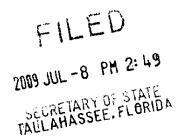
## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: TeamWork, LLC (Name of Limited Liability Co	many
(Name of Elithed Elability Co	inpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	:
David W. Peterson, Ed.D., LCSW	_
(Contact Person)	
TeamWork, LLC	
(Firm/Company)	<del></del>
237 Lookout Place	
(Address)	_
Maitland, FL 32751	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please call:	
David W. Peterson at ( 407	<u>)</u> 252-5418
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it amWork, LLC	appears on the records of the Florida Department
2. This limited liab The State	ility company was organized u of Florida	under the laws of:
3. The Florida doc #L060001	•	his limited liability company is:
4, I, Patricia La		, hereby resign as a MGRM
(Print N	ame of Person Resigning)	(Print Title)
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Resi	gning Member, Managing Me	ん-27-09 mber or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)