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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: REVELLE ACADEMY LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HEATHER SQUIRES

(Contact Person)

(Firm/Company)

5692 EASTWIND DR

(Address)

SARASOTA FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

HEATHER SQUIRES

.,941

323-9668

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

\$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

	limited liability company as it a		of the Florida Department
2. This limited liab	oility company was organized un	nder the laws of:	
	ument/registration number of th		pany is:
	R REVELLE SQUIRES Jame of Person Resigning)	, hereby resign as a _	MEMBER (Print Title)
of this limited lia resignation in wi	bility company and affirm the li	mited liability compar	y has been notified of my
Signature of Res		nber or Manager	
Filing Fee: Certified Copy:	• •		2013 SEP SECTATION