## L070000 49497

(Requestor's Name)			
(Address)			
70.11			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			

Office Use Only



000141381920

01/21/09--01027--005 \*\*25.00



T. HAMPTON

JAN 2 2 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	·
SUBJECT: Garden Montessori School,	LLC
(Name of Limited Liab	ility Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
Patricia Gutierrez	•
(Contact Person)	
tamuo Cotremez	
(Firm/Company)	
7812 North Clark Avenue	
(Address)	<del></del>
Tampa, FL 33614	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pleas	se call:
1 A 1	oc can.
Tornition Contienez al	313 <sub>3</sub> 300-6821
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<del></del>	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 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





## 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 rden Montessori Scho		s of the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doce L07000049	ument/registration number of	f this limited liability cor	npany is:
4. I, Sonia Flor		, hereby resign as a	
	dame of Person Resigning) bility company and affirm the iting.	e limited liability compa	(Print Title)  any has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	lember or Manager	DIVISION 09 JAN

09 JAN 21 AM II: 01