L08000004366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(city, cato, 2.p., note ii)
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THE LED

C. LEWIS
FEB 9 2009
EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations
SUBJECT: CP Tax 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:
Gerald Ladon Johnson (Contact Person)
(Firm/Company)
1120 W. Harvard St (Address)
Orlando, FL 32804 (Citý/State and Zip Code)
For further information concerning this matter, please call:
S. Ladon Johnson at (407) 242-7327 (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 \$ 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



FILED

2009 FEB - 6 PM 3: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	limited liability company as it appears on the records of the Florida Department
of State is:	Collège Parte Tan LLC
2. This limited liab	ility company was organized under the laws of: State of Torida
	ument/registration number of this limited liability company is:
4. I, James (Print N	Jased Johnson, hereby resign as a MSRM (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Res	gaing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)