L08000048299

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

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TO: Registration Section
Division of Corporations

47.

14 MAY 22 PM 12: 46

SUBJECT: LL TRAINING AND CONSULTANT GROUP LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
LORETTA LIBHART
(Contact Person) LL TRAINING AND CONSULTANT GROUP, LLC (Firm/Company)
13845 HAYNES RD
DOVER, FL 33527 (City/State and Zip Code)
For further information concerning this matter, please call:
1 110

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

(Name of Contact Person)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

□ \$25 Filing Fee



May 13, 2014

DALE LIBHART LL TRAINING AND CONSULTANT GROUP, LLC 13845 HAYNES ROAD DOVER, FL 33527

SUBJECT: LL TRAINING AND CONSULTANT GROUP, LLC

Ref. Number: L08000048259

We have received your document for LL TRAINING AND CONSULTANT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 214A00010259







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liabilit	y company	as it ap	pears on the re	ecords o	f the Florida D	Department
of State is:	LL TRA	INING	AND	CONSULT	TANT	BROUP,	LLC.
2. The Florida docu	ument/registrat	ion numbe	r assigne	ed to this limit	ted liabi	lity company i	s:
1.0800	004-825	59					
3. The date this me			resigned	or will withd	lraw/resi	ign is: 4/6	/14
4. I, <u>IALE</u>	LIBHAR Jume of Person Re			, hereby with			
PRESID	ENT (Print Title)		_•				
of this limited lia resignation in wr	• • •	and affirm	the lim	ited liability c	company	has been noti	fied of my
· laly	libhart						
Signature of D	issociating Me	mber or Re	signing	Manager	_		
Filing Fee:	\$25.00 (Re	equired)					
Certified Copy:	\$30.00 (Or	otional)					•