

LOG 000065383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

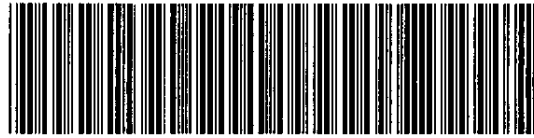
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 30 PM 1:47

T. HAMPTON

OCT - 12009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Aaron Institute, LLC

The enclosed member, managing member or manager resignations and fee are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person: Christine Wethman

Firm/Company: The Aaron Institute, LLC

Address: PO Box 939
Geneva, FL 32732

For further information concerning this matter, please call:

Contact Person: Christine Wethman at **407-718-4647**.

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

\$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 15, 2009

CHRISTINE WETHMAN
P O BOX 939
GENEVA, FL 32732

SUBJECT: THE AARON INSTITUTE, LLC
Ref. Number: L08000065383

We have received your document for THE AARON INSTITUTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have 1 person resigning per form. Please remove the 2nd person and resubmit with an additional \$25.00 for the other person resigning.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00030418

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: **The Aaron Institute, LLC.**
2. The limited liability company was organized under the laws of: **The State of Florida.**
3. The Florida documentation/registration number of this limited liability company is: **L08000065383.**
4. I, **Wally Arp**, hereby resign as a **Managing Member** of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Managing Member
(Wally Arp)

Filing Fee: \$25.00

FILED
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DIVISION OF CORPORATIONS
09 SEP 30 PM 11:19