

L03 000030140

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

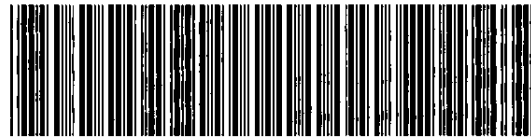
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Doc came in w/

L01-16762

G. MCLEOD

SEP 28 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A+ Tutor U, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth R. Uncapher

(Name of Person)

Carlton Fields, P.A.

(Firm/Company)

450 S. Orange Ave., Suite 500

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth R. Uncapher

(Name of Person)

at ( 407 ) 849-0300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

A+ Tutor U, LLC

2. The Articles of Organization were filed on 8-21-2008 and assigned document number L08000080140

3. The date the dissolution was approved: July 28, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

corporate resolution / consent of all members

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Neal E Kimball

Printed Name

Neal Kimball

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 27 PM 4:32

FILED


FILING FEE: \$25.00

## AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared NEAL KIMBALL, who, after being first duly sworn, deposes and says:

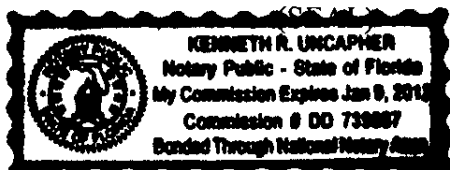
1. I am the sole Member/Managing Member of **A+Tutor U, LLC**, which is in the process of being dissolved.
2. Upon the acceptance of the dissolution of **A+ Tutor U, LLC** by the Florida Secretary of State, I hereby authorize the immediate use of the name **A+ Tutor U, LLC** by **Learning Centers of Central Florida, LLC**, a Florida limited liability company.

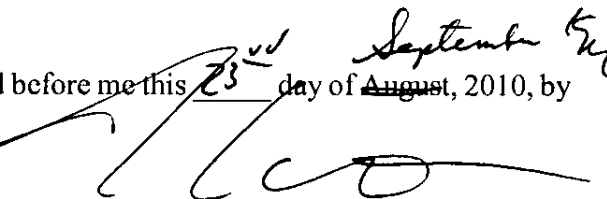
FURTHER, AFFIANT SAYETH NAUGHT.

  
NEAL KIMBALL

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of September, 2010, by  
NEAL KIMBALL.





(Signature of Notary Public-State of Florida)

Kenneth R. Uncapher  
(Name of Notary Typed, Printed, or Stamped)

Personally Known: ✓

OR

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_