

L08000084358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

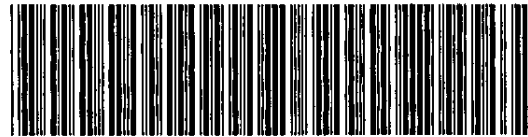
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers OCT 02 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILDKARE SOLUTIONS 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:

HOLLYANN N DUNCAN

(Contact Person)

CHILDKARE SOLUTIONS LLC

(Firm/Company)

11002 E. BROADWAY AVE

(Address)

SEFFNER, FL 33584

(City/State and Zip Code)

For further information concerning this matter, please call:

HOLLYANN N DUNCAN

(Name of Contact Person)

at ()

(Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$55 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

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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: CHILDKARE SOLUTIONS LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L08000084358

4. I, KHAREY WISDOM, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged
before me this 20 day of Sept, 2013
by Kharey Andre Wisdom

Personally Known — OR Produced

Identification FLDL

Type of Identification Produced:

W235-501-77-219-0

CR2E079 (5/06)

[Signature]

