# L09000004233

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	per:
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11 JUN -9 AM 9:50

SECRETARY OF STATE DIVISION OF CORFORATIONS

P. ALMPTON

EXAMINED

JUN 1 0 2011

#### **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations							
SUBJECT: R& O ROUCATIONAL SERVICES LLC	_						
(Name of Limited Liability Company)							
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	l for						
Please return all correspondence concerning this matter to:							
ROGER THOMAS							
ROGIN THOMAS (Contact Person)							
R+O KOUCATIONAL SKRUICKS LLC (Firm/Company)							
13860-6 WELLINGTON TRACK (Address)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
ROGEN THOMAS at (561) 784-4434  (Name of Contact Person) (Area Code & Daytime Telephone Number)							
(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							



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 JUN -9 PM 4:00

SECRETARY OF STATE --TALLAHASSEE, FLORIDA

June 2, 2011

ROGER THOMAS 13860-6 WELLINGTON TRACE WELLINGTON, FL 33414

SUBJECT: R & D EDUCATIONAL SERVICES LLC

Ref. Number: L09000004233

We have received your document for R & D EDUCATIONAL SERVICES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Letter Number: 211A00013513

Tammy Hampton Regulatory Specialist II

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a			Florida De	epartr	nent 
	lity company was organize					
	ment/registration number o			s:		
	P、アはのMにJ me of Person Resigning) ility company and affirm thing.					
Mpi		Member or Manager	 r			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	or manager			11 JUN	SECRET SINISION C