

LO9000016R30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

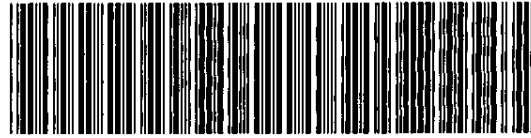
Special Instructions to Filing Officer:

L. SELLERS

DEC 28 2010

EXAMINER

Office Use Only



200187946672

11/22/10--01004--019 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 27 PM 2:07

FILED

Wrong form

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SALES PROFESSIONAL EDUCATION CENTER LLC
(Name of Corporation)

DOCUMENT NUMBER: L09000016830

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CESAR J SUCLLA

(Name of Person)

SALES PROFESSIONAL EDUCATION CENTER LL

(Name of Firm/Company)

8181 NW 36 ST SUITE 21A

(Address)

EL DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

CESAR J SUCLLA

(Name of Person)

at (305) 283-2680

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2010

CESAR J. SUCLLA
8181 NW 36 STREET, STE. 21A
EL DORAL, FL 33166

SUBJECT: SALES PROFESSIONAL EDUCATION CENTER, LLC
Ref. Number: L09000016830

We have received your document for SALES PROFESSIONAL EDUCATION CENTER, 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 form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 910A00027682



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: SALES PROFESSIONAL EDUCATION CENTER, LLC

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

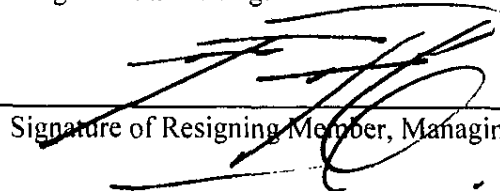
FLORIDA STATE

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

L09000016830

4. I, HENRY HAYA, hereby resign as a 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 of Resigning Member, Managing Member or Manager

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

FILED
10 DEC 27 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA