L09000023383

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J. BRYAN
AUG 1 1 2009
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: <u>CAREER LEARL</u> (Name of Limited)	Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
GLENN PETERSON (Contact Person)	SECRETARY OF STATE ALLAHASSEE, FLORIC
CAREER LEARNING COM	LPANY LLC FROM PR
8695 College PARKU	DAY, Suite 1061
FORT MYERS FLORID, (City/State and Zip Code)	<u> 4 33919</u>
For further information concerning this matter, p	lease call:
(Name of Contact Person) at	(800) 611-4968 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

_	imited liability company as it appears on the records of the Florida Department	ent
of State is:C	AREER LEARNING COMPANY	- •
2. This limited liabili	ity company was organized under the laws of:	TE
	ment/registration number of this limited liability company is:	ر در
<u> L09000</u>	0023383	
4. I, MARK M (Print Nan	me of Person Resigning), hereby resign as a MCRM (Print Title)	-
of this limited liabilities resignation in writing	ility company and affirm the limited liability company has been notified of ning.	ny
(lu le	Uron	
Signature of Resign	ning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	