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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spectrum To (Name of Limited Li	ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Judy O. Sperry (Contact Person)	
Spectrum Tutoring L (Firm/Company)	[72] ***·
1965 Cedar River C	<u> </u>
Fleming Island FL 3 (City/State and Zip Code)	² 2003
For further information concerning this matter, ple	ease call:
Judy 0. Sperry at (Name of Contact Person) (1	904) 5:37-1088 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\frac{1}{2}\$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



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:
2. This limited liability company was organized under the laws of: the State of Florida.
<u>L090000 65/93</u>
4.1, Deirdre C. Gahring, hereby resign as a Manager (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)