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(Re	equestor's Name)	
(Ad	ldress)	
····		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



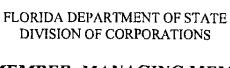
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T. CLINE
MAR 1 1 2010
EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations		
SUBJECT: Next Generation (Name of Limited Liab	Preschool LLC bility Company)	_
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submit	tted for
Please return all correspondence concerning this ma	atter to:	
Niurka Rosendo (Contact Person)	·	.
Next Generation Preschool	LLC IA	2010 MAR 10 AM F1: 36 SECRETARY OF STATE
20871 Johnson Street, Svite	2115 - E	O AND
Pembroke Pines, FL 33029 (City/State and Zip Code)		: 36
For further information concerning this matter, plea	ise call:	
Nivr Ka ROSCI do at (9) (Name of Contact Person) (Ar	154 662-1124 rea Code & Daytime Telephone Number	<u></u> er)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$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	.



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

1. The name of the							partment
of State is:	Next	Gene	irction	Preschoo	1 , L	.LC	·•
					,		
2. This limited liab	ility com	npany was	organized u	ander the laws of	<u>}</u>		
FLori		_	_				SEC
							2010 HAR 10 SECRETAR' ALLAHASS
3. The Florida docu	ument/re	gistration	number of t	his limited liabil	itv comn	oany is:	ARY SSE
L090		_			,	,	F. P.
			3	 '			AM 81: 36 OF STATE E, FLORIDA
4.1, <u>Manu</u>	ie!	KOSe	nd0	, hereby resig	n as a	MGRM	
(Print N	ame of Pe	rson Resign	ing)	_		(Print Title)	
of this limited lial resignation in wr		npany and	l affirm the	limited liability o	company	has been notifie	ed of my
<u></u>	1		Lo				
Signature of Resi	igning M	ember, M	anaging Me	mber or Manage	r		
Filing Fee:		00 (Requir	,				
Certified Copy:	\$30.0	0 (Option	al)				

CR2E079 (5/06)