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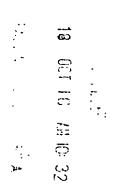
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Merican Hy (Name of Limited	4 School d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Dana Williams (Contact Person)	
(Contact Person)	
Grences Hyr (Firm/Company) 1505. Pure Isla (Address)	School and Road
(Address) Surfe 220 Plantation F (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for:  \$\mathbb{1}\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

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^	limited liability company as it appears on the records of the Florida Department	t
of State is:	mencon High School, LLC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L10	000073473	
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 10 8/201	8
4.1. Char	les Del cre, hereby withdraw/resign as a	
(Print No	ame of Person Resigning)	
M	GRM	
(	(Print Title)	
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.	
Charle	alele	
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	