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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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T. CLINE

FEB 2,8 2012

EXAMINER

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TDKICKING ACADEMY, LLC (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
RICHARD D GIGLIO, SR	_
(Contact Person)	
(Firm/Company)	_
9218 PINE ISLAND COURT	_
TAMPA, FL 3341-3301	,
(City/State and Zip Code)	
For further information concerning this matter, please call	:
	973-1015 e & Daytime Telephone Number)
	• ,
Enclosed please find a check made payable to the Florida \$25 Filing Fee	\$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as CICKING ACADEMY		of the Florida Department
2. This limited liab	llity company was organized	l under the laws of:	
3. The Florida docu L10000121	ment/registration number of 326	f this limited liability comp	oany is:
4. I, KÄTHRYN	M GIGLIO	, hereby resign as a _	MRGRM
, 	ame of Person Resigning)	, noive j ive gir us u	(Print Title)
of this limited liab resignation in wri	oility company and affirm th	e limited liability company	y has been notified of my
X LUM Signature of Resi	ghing Member, Managing N	2 /22 / 1 2 Member or Manager	
Filing Fee:	\$25.00 (Required)		20 I'Ai

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)