L10000127168

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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12/23/10--01033--013 **25.00

DIVISION OF CURPERATION

N. Cuttigen DEC 2 7 2010

COVER LETTER

Division of Corporations	
SUBJECT: College Conne	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Jillian Jarbol (Contact Person)	· .
College Connex LLC (Firm/Company)	
7551 Wiles Rd. Ste: 103	<u>></u>
Oral Springs Ft. 33067 (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: \$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

1. The name of the of State is:	limited liability company as _Ollege Connex , L	it appears on the records o	f the Florida Department
	ility company was organized		
L1000	ument/registration number of 0127168		
4. 1, (Print A	WiVDNQ ame of Person Resigning)	, hereby resign as a	OWNET-Member (Prim Title)
of this limited lia resignation in wr		e limited liability company	has been notified of my
Signaturé of Resi	gning Member, Managing M	1ember or Månager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		