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Certified Copies	Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SERVICE FROM 1:5



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Richies Early Lea (Name of Limited Liah	ility Company) Academy LLC
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	itter to:
Melinda Richie (Contact Person)	
Richie's Early Learning Acad	ing LC
380 SE Coninth Church	Rd
Lee, FL 32059 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Melinda Richie at (8) (Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a cheek made payable to the F	lorida Repartment of State for: P 335 Filing Fee & Oertified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
Circui Dullaing	1.0. DUA 0321

Tallahassee, Florida 32314

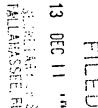
CR2E079 (5/06)

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 Florid of State is: Richie's Early Learning Academ	
2. This limited liability company was organized under the laws of: Florida Dept. of State Divisor of Corp.	
3. The Florida document/registration number of this limited liability company is: L110000 2858	
4. I, Edward Richie , hereby resign as a MGK (Print Name of Person Resigning) (Print	ZM 1 Title)
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
Edul Ilihi L	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)