

L11 000038591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

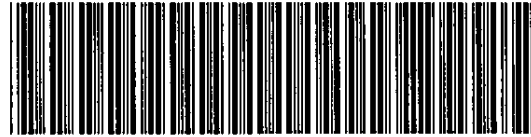
(Business Entity Name)

(Document Number)

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L11-38591

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Caching, Training and Automation Partners  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Maria E Egana

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

2732 NE 27 Ct

\_\_\_\_\_  
(Address)

Fort Lauderdale, FL 3330

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria E Egana

321-230.1234

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$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

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RECEIVED  
SECRETARY OF STATE  
CORPORATION DIVISION



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Coaching, Training and Automation Partners

2. The Florida document/registration number of this limited liability company is:

L33000038591

3. The date this member withdrew or will withdraw is: January 2013

4. I, Maria E Egana, hereby resign as a Manager Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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