## L11000041235

(	Requestor's Name)
	(Address)
(	Address)
(	(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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## **COVER LETTER**

Division of Corporations Learning Street Child Care Center **SUBJECT:** (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: Deidre Britt (Contact Person) Learning Street Child Care Center (Firm/Company) 1108 Peachtree St (Address) Cocoa/FL 32922 (City/State and Zip Code) For further information concerning this matter, please call: Deidre Britt (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

TO:

**Registration Section** 



## 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)

	limited liability company as	it appears on the records of the Florida Depart	rtment 
2. The Florida doc L11000041235	ument/registration number as	ssigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	
4. I, Amy Kelly Avant Robinson (Print Name of Person Resigning)		, hereby withdraw/resign as a	
MGR	(Print Title)		
resignation in wr		ne limited liability company has been notified	of my
Filing Fee:	\$25.00 (Required)		) ; 3
Certified Copy:	\$30.00 (Required) \$30.00 (Optional)	278 <b>D</b> 272 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	; ; )
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