L11000128145

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
	•				

Office Use Only



000281800400

03/11/16--01010--004 **25.00

16 HAR II AM 9: 54
SECKETARS UF STATE
ALLAHASSFE, FLORIDA

WAR TO SUIGHT

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: OR LOCKPIM NETITOTE (Name of Limited Liability Company)
(Name of Entitled Elability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Andres Andres
(Contact Person)
OR. Learning Institute
(Firm/Company)
14285 SW 42 St. Swite 211 (Address)
Wilder The 39 Tog Institute
For further information conserning this matter, please call:
And C And his Miami. Florida, 2005 615-5452
(Name of Contact Pecon) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
Englosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{substitute}} \sum_{\text{substitute}} \sum_{
Langer Lee Lange Lee Lange Lan

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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					nt
of State is:	DR Learni	ng	GITUTE	4		.•
2. The Florida docu	ument/registration number a	ssigned to this limited	l liability comp	any is:		
L 11000	28146					
3. The date this me	mber/manager withdrew/res	cioned or will withdra	w/recion ic. 0	1/16/	ر سسم ا	
5. The date this he	inder/manager withdrew/res	nghed of whi wididia	witesign is. <u>27</u>	7 2 9 9	→ —	
4. I, Sance	ame of Person Resigning)	, hereby withdra	aw/resign as a	i {		
(Print N	ame of Person Resigning)	rning Insti	<i>t</i> .			
(12 n	ener/Investor	hereby withdra	4/6 ×			
	(Print Title)	\dag{2}	5			
	·	305-400-810	0 (1			
of this limited lial	bility company and affirm the	ne limi tediain hil ityone	papany has been	notified	of m	у
resignation in wr	iting.	<u> </u>	, do			
0 0	Λ	Education & Tro	mill			
andel	1 mg	40n & 13				
Signature of Di	ssociating Member or Resig	ning Manager				
				Es:	ලා	
				Ch		e eur
Filing Fee:	\$25.00 (Required)			7.0 1.14 1.14 1.14	H	5
Certified Copy:	\$30.00 (Optional)			25		Ara and
				70	7>=) 21 77 4
				دی ند پیر	7	. 6 6