LII 000136962

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SCORETARY OF STATE

JQ 10/05/20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: West Tampa Janning Center LLC (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:
Hunt, Maevin (Contact Person)
West Tompa Learning Contre LLC
8321 River Highland PL
Tampe, FL 336/7 (City/State and Zip Code)
For further information concerning this matter, please call:
Host Maxis at (813) 817-2623 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{S25}}\$ \text{Filing Fee} \sum_{\text{S55}}\$ \text{Filing Fee & Certified Copy}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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)

1. The name of the limited liability company as it appears on the records of the	e Florida Department
of State is: West Tompa Scanning Conten L	<u> </u>
2. The Florida document/registration number assigned to this limited liability	
L11000136952	, 1
3. The date this member/manager withdrew/resigned or will withdraw/resign	is: 6/1/20
4. 1, Mcloud, Lisa M., hereby withdraw/resign (Print Name of Person Resigning)	as a
MGLM (Print Title)	
of this limited liability company and affirm the limited liability company ha resignation in writing.	
Signature of Dissociating Member or Resigning Manager	AUG I
Filing Fee: S25.00 (Required) Certified Copy: S30.00 (Optional)	POZO AUG 17 AM 9:55 TALLAHASSEE, FL