4/2000022684

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
(Document Number)				
(Coodinent value)				
Certified Copies Certificates of Status				
Considerations to Filips Officer				
Special Instructions to Filing Officer: A. LUNT				
NOV 1 3 2012				
EXAMINER				
3				

Office Use Only



700241485727

11/07/12--01007--027 **25.00

2112 KBV -7 PM 4: 47

COVER LETTER

TO: Registration Section Division of Corporations					
SFL Charter School Mar SUBJECT:	nagement LLC				
	f Limited Liability C	ompany)			
The enclosed member, managing member filing.	er or manager res	ignation and fee(s) are	e submitted for		
Please return all correspondence concern	ning this matter to):			
Judy Perlin					
(Contact Person)			2 212		
SFL Charter School Management Li	-C		2812 MSN -7 SECRETARY ALLAHASSEE		
(Firm/Company)			7 P		
7796 Mandarin Drive			PH 4: 47		
(Address)			マネ ち		
Boca Raton, FL 33433					
(City/State and Zip Code)	<u> </u>				
For further information concerning this	matter, please cal	1:			
Cory MacNeille	561	8438081			
(Name of Contact Person)	· \	de & Daytime Telephon	e Number)		
Enclosed please find a check made paya \$\begin{array}{c} \$25 \text{ Filing Fee} \end{array}\$	ble to the Florida	Department of State 1 \$55 Filing Fee & Certified Copy	for:		
STREET/COURIER ADDRESS:		MAILING ADDR			
Registration Section		Registration Section			
Division of Corporations		Division of Corpor P.O. Box 6327	ations		
Clifton Building 2661 Executive Center Circle		Tallahassee, Florid	la 32314		
Tallahassee, Florida 32301		i minimusoo, i ioila			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

SFL	limited liability company as i Charter School Manageme	ent LLC	s of the Fl	orida Dep	oartment 	t
2. This limited liab Florida	ility company was organized	under the laws of:		,		
3. The Florida docu L1200002268	ument/registration number of	this limited liability con	npany is:	/ F)	- 1	
4. I, Cory MacNe	ille	, hereby resign as a	MGRM	FLORII	_	7
4. 1, Cory MacNeille (Print Name of Person Resigning)			(Print Title)			
resignation in wr	bility company and affirm the iting. MacKeille	limited liability compa	ny has be	en notifie	d of my	,
	gning Member, Managing Mo	ember or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					