## L12000137225

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





800252740798

10/21/13--01005--020 \*\*25.00

13 OCT 21 PM 12: 54
SECREJARY OF STATE
TALL AHASSEE FLORIS

OCT 2 9 2013

T. BROWN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: NO LANGUAGE TEANING LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

WALTETZ DI WRETO

JCB LANGUAGE TRAINING LIC

5950 LAVENURST, DR. STE 168

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

\$25 Filing Fee Ck # 298 \$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

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap		
	ity company was organized und	ler the laws of:	
	nent/registration number of this		apany is:
4.1. Fister Sur Print Non	ne of Person Resigning)	, hereby resign as a	Mertant Manager
of this limited liabil resignation in writi	fity company and affirm the lim ng.	nited liability compar	ny has been notified of my
- Che C	a for		
Signature of Resign	ning Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (540h)