

L13 000042727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

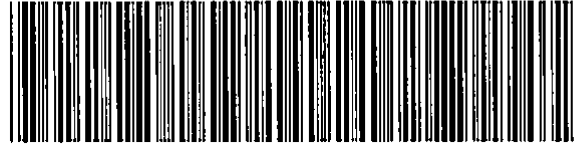
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700344165067

05/12/20--01008--000 \*\*25.00

RECEIVED

MAY 11 2020

FILED  
CLERK OF STATE  
CORPORATIONS  
2020 MAY 11 11:23

Dissociation  
of  
member

JUN 03 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FERMAT EDUCATION 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:

SOLANGE L OLIVEIRA

(Contact Person)

FERMAT EDUCATION LLC

(Firm/Company)

8326 LEXINGTON VIEW LN

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

SOLANGE OLIVEIRA

(Name of Contact Person)

at (407) 690-1395

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 Florida Department of State is: FERMAT EDUCATION LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000042727

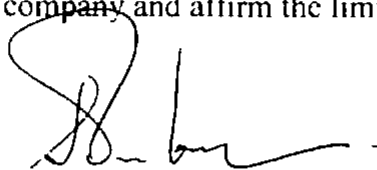
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2020

4. I, SHEILA TECCHIO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)