

From:

Division of Corporations

L 13000045407

07/17/2014 21:19:00 009 0.001/002

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Florida Department of State  
Division of Corporations  
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Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRANSITION GOLF ACADEMY LLC

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DC 07/26/14

From:

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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: TRANSITION GOLF ACADEMY LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L13000045407
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/07/2014
4. I, TODD IRVING, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(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)  
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