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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Winter Park Training Consults	ants, LLC			
(Name of Limite	ed Liability Cor	npany)		
The enclosed member, resignation or dissociate	ion and fee(s	s) are submitted for	filing.	
Please return all correspondence concerning th	is matter to:			
Stephanie Nickitas				
(Contact Person)	· · · · · · · ·	_		
Winter Park Training Consultants, LLC				
(Firm/Company)		_		
125 W Fairbanks Ave				
(Address)		_		
Winter Park, FL 32789				
(City/State and Zip Code)	<u>. </u>	-		
For further information concerning this matter,	please call:			٦
Stephanie Nickitas	407 at (394-7205	一	
(Name of Contact Person)	(Area Code	& Daytime Telephon	ne Number)	
Enclosed please find a check made payable to t \$25 Filing Fee [epartment of State f Fee & Certified Co		

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 (2/14)



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 record	ls of the Florida Department
of State is:	Jinter Park TRAINING Cor	rsultants, LLC.
2. The Florida docu	iment/registration number assigned to this limited li	,
4.1. John S (Print No.	mber/manager withdrew/resigned or will withdraw/resigned or will will will will will will will wil	
of this limited liab resignation in wri	pility company and affirm the limited liability compa ting.	any has been notified of my
Dut	2	17 Ju
Sygnature of Dis	ssociating Member or Resigning Manager	FILED FILED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	