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(Requestor's Name)	
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(Address)	000232313110
(City/State/Zip/Phone #)	11/01/1301012016 **55.00
(Business Entity Name)	
(Document Number)	2013 NOV -
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NOV 4 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Discovery Arts 7 (Name of Limit	Lush' for fe, LLC. ed Liability Company)
The enclosed member, managing member or r filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
Ariel A. Santiago (Contact Person)	2013
Discovery Arts Institute (Firm/Company)	
4871 Waterside Dink Circ	100
Orlando, F1. 32829 (City/State and Zip Code)	
For further information concerning this matter	, please call:
(Name of Contact Person)	at (<u>407</u>) <u>492-4689</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\square\$ \$25 Filing Fee	the Florida Department of State for: \$\int\colon \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
- co. Labour o Comor Circle	i diididooo, i lolla 22217

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Floring of State is: Discovery Arfs Institute LLC.	orida D	epartr	nent
2. This limited liability company was organized under the laws of: Florida Skefe		19 I - AOM 8107	
3. The Florida document/registration number of this limited liability company is:		HII: 36	
4. I, Edger Del Valle, hereby resign as a Wenn (Print Name of Person Resigning)			my
Signature of Resigning Member, Managing Member or Manager			
Filing Fee: \$25.00 (Required)			

Certified Copy: \$30.00 (Optional)