# 43000123676

(Requestor's Name)				
(Add	dress)			
(Add	dress)			
(Cit	y/State/Zip/Phon	e #)		
_		<u></u>		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
• ——				
Special Instructions to Filing Officer:				
1				

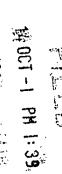




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FILING CANCELLED RETURNED CHECK



OCT 1 0 2014 C. CARROTHERS

#### COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ.	ECT: 3 Point Play Basketball Acad	emy, LLC	-
	(Name of Limit	ted Liability Con	npany)
The er	aclosed member, resignation or dissocia	tion and fee(s	) are submitted for filing.
	return all correspondence concerning t		
Youse	eline Poteau / Kerusho (Contact Person)	L Brow	on-Alexander
3 Poi	nt Play Basketball Academy, LLC		
	(Firm/Company)		_
P.O. I	Box 278754		
	(Address)		-
Miran	nar, Florida 33027		
	(City/State and Zip Code)		-
For fu	rther information concerning this matte	r, please call:	
Kenis	ha Brown-Alexander	305 at (	528-1226
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos \$25	sed please find a check made payable to Filing Fee		Pepartment of State for: Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section		Registration Section
	on of Corporations 1 Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	assee, Florida 32301		- wasanimove, a follow obo i f

CR2E079 (2/14)



## FILING CANCELLED RETURNED CHECK

### 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 Flo	orida Department
of State is: 2 Po	int Play Basketball Acade	my, LLC	
2. The Florida docu L3000123676	ument/registration number as	signed to this limited liability com	pany is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	/30/2014
Vouseline De		, hereby withdraw/resign as a	
MGRM	, 5 0		
<del></del>	(Print Title)		v
of this limited lial resignation in wr		e limited liability company has bee	en notified of my
Signature of Di	ssociating Member or Resign	ning Manager	PH 1: 39
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		<b>G</b>