13000152639

| (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: | | | |
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Office Use Only



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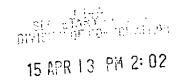
TRANSMITTAL LETTER

| SUBJECT: Core Training Concepts LLC. |
|--|
| (Name of Corporation) |
| DOCUMENT NUMBER: L13000152639 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| David Lee DeShong |
| (Name of Person) |
| Core Training Concepts LLC. |
| (Name of Firm/Company) |
| 18635 Limber Pines Ct. |
| (Address) |
| Magnolia Texas, 77355 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| David Lee DeShong (Name of Person) at (281) 7703779 (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

Amendment Section Division of Corporations

TO:





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 i | t appears on the records of the Florida Department |
|---|--------------------------------|--|
| of State is: | RE TRAINING CONCEPTS | LLC. |
| 2. The Florida docs | - | igned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resig | gned or will withdraw/resign is: |
| 4. I, DAVID LEE DESHONG (Print Name of Person Resigning) | | , hereby withdraw/resign as a |
| (Print A | ame of Person Resigning) | |
| MANAGING | MEMBER | |
| | (Print Title) | |
| of this limited lia resignation in wr | | limited liability company has been notified of my |
| Signature of D | ssociating Member or Resign | ing Manager |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |