

L13000152639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 APR 13 PM 2:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
47515

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301



SECRETARY
DIVISION OF CORPORATIONS

15 APR 13 PM 2:02

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: CORE TRAINING CONCEPTS LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L13000152639

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, DAVID LEE DESHONG, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER

(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)
Certified Copy: \$30.00 (Optional)