

L14000014431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

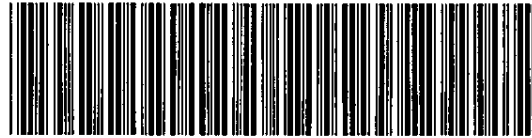
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/14--01006--009 **25.00

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2014 FEB - 6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Early Development Education Center LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carla Di Clemente

(Contact Person)

Early Development Education Center LLC

(Firm/Company)

2365 NW 70TH AVENUE UNIT C-9

(Address)

MIAMI, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Di Clemente

(Name of Contact Person)

at (352) 8709083

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Early Development Education Center LLC.

2. The Florida document/registration number of this limited liability company is:
L14000014431.

3. The date this member withdrew or will withdraw is: 02/04/14

4. I, ROBERT DI CLEMENTE, hereby resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2014 FEB -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA