

214 0000 16087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

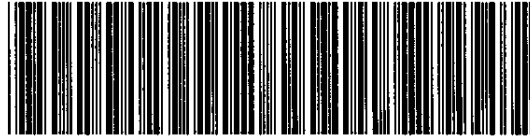
(Business Entity Name)

(Document Number)

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16 JUN 30 PM 1:03  
CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

JUL 01 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

EIN # 464-686 659  
L 14 0000 16087

**SUBJECT:** THE WORK STUDIES INSTITUTE, 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:

LUBOMYR WROCK  
(Contact Person)

THE WORK STUDIES INSTITUTE, LLC  
(Firm/Company)

415 N. RICHARD JACKSON BLVD, Suite 204  
(Address)

PANAMA CITY BEACH, FL 32407  
(City/State and Zip Code)

For further information concerning this matter, please call:

LUBOMYR WROCK at (850) 588 1477  
(Name of Contact Person) (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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1:03



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: THE WORK STUDIES INSTITUTE, LLC

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

L 14 0000 160 87

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

BARBARA ELLIS

4. I, BARBARA ELLIS, hereby withdraw/resign as a

(Print Name of Person Resigning)

AUTHORIZE 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)

16 JUN 30 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA