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JAN 22 2015 T. CARTER

COVER LETTER

Division of Corporations				
SUBJECT: Beckley 6-17 Academy, UC 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:				
John M. Daniel Jr (Contact Person)				
Beckley 6-14 Academy, LCC (Firm/Company)				
200 Joe L. Smith Drive (Address)				
Beckley WV Z5801 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Tohn M. Oniel J/ at (904) 9/0-53/8 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\subset}}\$\$ \$25 \text{ Filing Fee & Certified Copy}				

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 16 PH 2: 31

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)

	e limited liability company as it ap		•
of State is:	Beckley 6-14	Academy,	LLC.
	ument/registration number assigne	•	
	000045838	•	
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resig	gn is: 10/15/14
	1 Spence Name of Person Resigning)		
MANAG	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limiting.	ited liability company	has been notified of my
Well	Spence		
Signature of D	issociating Member or Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		