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N. CAUSSEAUX MAR 22 2018

## **COVER LETTER**

Division of Corpora			
SUBJECT: Morton Fam	ily Schools of Flo	orida LLC	
30 <b>b</b> 015C1.	(Name of Limi	ited Liability Con	mpany)
The enclosed member, resi	gnation or dissocia	ation and fee(	s) are submitted for filing.
Please return all correspond	dence concerning t	this matter to:	
Sam Morton			
(Cont	act Person)		_
Morton Family Schools	of Florida LLC		
(Firm	Company)		_
13401 Tampa Oaks Blvd	i		
(Ac	ldress)		_
Tampa, FL 33637			
(City/Stat	e and Zip Code)	<del>-</del>	_
For further information cor	cerning this matte	er, please call:	
Sam Morton		813	978-8100
(Name of Contact	Person)		& Daytime Telephone Number)
Enclosed please find a chec \$25 Filing Fee	k made payable to		Department of State for: g Fee & Certified Copy
STREET/COURIER AD	DRESS:		MAILING ADDRESS:
Registration Section Division of Corporations			Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Center Circ	cle		Tallahassee, Florida 32314
Tallahassee, Florida 32301			

CR2E079 (2/14)







## 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	y as it appears on the records of the Florida Department
of State is:	ton Family Schools of F	Florida LLC
2. The Florida doc	ument/registration numbe	er assigned to this limited liability company is:
L1400008280	7	
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is: March 16, 2018
4. I,		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	· · · · · · · · · · · · · · · · · · ·
Manager		
	(Print Title)	_
of this limited lia resignation in wr		n the limited liability company has been notified of my
Owham	Morter	
Signature of D	issociating Member or Re	esigning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	