L14000099157

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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04/23/15--01006--014 **25.00



Beom 82 (4,29,15

COVER LETTER

TO: Registration Section								
Division of Corporations								
SUBJECT: Kidsville Early Learning Center	er of Delray 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:								
Losnyder Gustama								
(Contact Person)								
Kidsville Early Learning Center of Delray L	LLC							
(Firm/Company)								
PO BOX 741983								
(Address)								
Boynton Beach FL 33474								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Losnyder Gustama	561 509-8868							
(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								
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							

CR2E079 (2/14)



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 th	e limited lia	bility con	npany as it ap	pears on the	reco	rds of the	Florida Department
of State is: KI	DSVILLE	EARLY	LEARNING	CENTER	0F	DELRAY	, LLC .
2. The Florida doc L140000991	_	stration nu	ımber assigne	ed to this lin	nited	liability co	ompany is:
3. The date this m	ember/mana	nger witho	drew/resigned	or will with	hdrav	v/resign is	. 04/17/2015
4. I, Losnyder Gustama (Print Name of Person Resigning)		handhu with duaw/rasian as a					
(Print	Name of Perso	n Resignin	g)	, nereby wii	illula	w/resign a	5 a
Manager							
	(Print Title)		 ,				
of this limited li resignation in w		oany and a	affirm the lim	ited liability	y com	pany has l	been notified of my
•							
Signature of I	Dissociating	Member	or Resigning	Manager			
_	\$25.00	` .	•				
Certified Copy:	\$30.00	(Optiona	l)				