L14000099205

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900271724869

04/23/15--01006--016 **25.00



Res (M8h.) 5

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kidsville Early Learning Cen	
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Losnyder Gustama	
(Contact Person)	
Kidsville Early Learning Center of Pompa	ano LLC
(Firm/Company)	
PO BOX 741983	
(Address)	
Boynton Beach FL 33474	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Losnyder Gustama	561 509-8868
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 \text{ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	A MATERIAL DOUGLE OF THE TAIL

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 the	limited liability company as it	appears on the re	cords of the Flor	rida Department	
of State is: KI	DSVILLE EARLY LEARN	ING CENTER	OF POMPANO,	LLC	
2. The Florida docu	nment/registration number assi	gned to this limit	ed liability comp	oany is:	
3. The date this me	mber/manager withdrew/resig	ned or will withdi	raw/resign is:	4/17/2015	
4. I, Losnyder Gustama (Print Name of Person Resigning)					
Manager					
	(Print Title)				
of this limited lial resignation in wri	bility company and affirm the iting.	limited liability co	ompany has beer	n notified of my	
\leq					
Signature of Di	ssociating Member or Resigni	ng Manager	_		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				