## L14000102060

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

Division of Corporations DADDY'S CARE LEARNING ACADEMY LLC SUBJECT: (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: WILLIE DANIELS (Contact Person) DADDY'S CARE LEARNING ACADEMY LLC (Firm/Company) 18690 NW 2nd Avenue (Address) Miami, FL 33169 (City/State and Zip Code) For further information concerning this matter, please call: 3569596 **RODERICK SPENCER** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **№** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



2020 F E 24 PI' 12: 19

## 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)

	limited liability company a	s it appears on the records of the Florida Department CADEMY LLC
2. The Florida doc L14000102060		essigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 02/20/2020
4. I. RODERICK SPENCER  (Print Name of Person Resigning)		, hereby withdraw/resign as a
MGR of this limited lia		he limited liability company has been notified of my
Signature of D	sissociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	