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TO:

CR2E079 (2/14)

TO:	Regis	stration Section				
	Divis	ion of Corporations				
SUBJ						
		(Name of Lim	ited Liability Cor	mpany)		
The er	nclosed	I member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to:			
Robe	rt C F	oster II				
		(Contact Person)				
The C	Collegi	ate Connection				
		(Firm/Company)				
3171	Leew	ood Terrace L133				
		(Address)		_		
Boca	Rator	n, Florida 33431				
		(City/State and Zip Code)		_		
For fu	rther in	nformation concerning this matte	er, please call:			
Robe	rt C F	oster II	862 at (226-1442		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
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	–	OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section		
	on or c n Build	Corporations ling		Division of Corporations P.O. Box 6327		
		ive Center Circle		Tallahassee, Florida 32314		
		Florida 32301				



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 as Collegiate Connection, LL		is of the Flori	ida Department
2. The Florida doci L1400018414	ument/registration number as 0	ssigned to this limited li	ability compa	any is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/i	resign is:	/01/2015
, Laura Foster		h analas serith duares	/waaiam aa a	
4. I,, hereby withdraw/res				
AMBR	,			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	any has been	notified of my
Signature of Di	ssociating Member or Resig	ming Manager		
_	\$25.00 (Required) \$30.00 (Optional)		SEF, FL	