15000104570

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIAMI COLLEGE LLC	
(Name of Limited Liability Cor	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	_
FRANCISCO RUIZ (Contact Person)	_
OLE SERVICES LLC (Firm/Company)	_
1395 BRICKELL ALE STE720 (Address)	_
MIAMI FL 33131 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
FRANCISCO RUIZ at (305 (Name of Contact Person) (Area Code	529-0404 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee ■ \$55 Filing	Department of State for: g Fee & Certified Copy
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)

	limited liability company as it appears on the records of the Florida Department
of State is:	MI COLLEGE LLC
2. The Florida doc L1500010457	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
IOHN I DET	
MANAGER	
 _	(Print Title)
of this limited liz resignation in wa	ibility company and affirm the limited liability company has been notified of my riting.
_ 	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)