115000130700

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300330117323

00/18/19--01019--012 **55.00

AD 11 - 18 AVIII - 59

nam/redmen do cai Os

JUN 2 7 2019 D CUSHING

COVER LETTER

SUBJECT:					
(Name of Limited Liability Company)					
The enclose	d member, resignation or disso	ociation and fee	(s) are submitted for filing.		
Please retur	n all correspondence concerni	ng this matter to	:		
Oriente Oli	vera				
	(Contact Person)				
Recap Edu	ucation Service				
	(Firm/Company)		_		
7955 NW 12 Street Suite 308					
1900 1444					
	(Address)				
Doral, Flor					
Doral, Flor	ida 33126	atter, please call	 :		
Doral, Flor	ida 33126 (City/State and Zip Code) Information concerning this management	atter. please call 786 at (: 		

STREET/COURIER ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 ap Education Service	s it appears on the records of the Florida I	Department
2. The Florida docu L1500013070	-	assigned to this limited liability company	is:
3. The date this me	mber/manager withdrew/res	. signed or will withdraw/resign is:	- <u>څ</u>
D = d = -: - . C = .	l	, hereby withdraw/resign as a	70 ·
Member 2			= -
		he limited liability company has been not	ப்பி தே ified of my
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		