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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI		ited Liability Co	mpany)
The en	closed member, resignation or dissoci	•	,
Please	return all correspondence concerning	this matter to:	
Brand	on Shutter		
	(Contact Person)		_
<u> </u>	(Firm/Company)	···-	
330 3	rd St S		
	(Address)		_
Saint	Petersburg FL 33701		
	(City/State and Zip Code)		<del></del>
For fur	ther information concerning this matte	er, please call:	
Brand	on Shutter	813	8635870
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable t Filing Fee		Department of State for: g Fee & Certified Copy
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, 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)

1. The name of the	limited liability company a	as it appears on the records	of the Florida Department
of State is:	er College LLC		
2. The Florida doc	ument/registration number	assigned to this limited liab	oility company is:
81-2826537			
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/re	sign is:
4. I. Brandon Shu	utter	, hereby withdraw/re	esion as a
(Print N	lame of Person Resigning)	, notoby withdrawith	201Bit #0 #
MEMBER			
	(Print Title)		
of this limited lia resignation in wr		the limited liability compar	ny has been notified of my
Signature of D	issociating Member or Res	igning Manager	
	\$25.00 (Required)		· · · · · · · · · · · · · · · · · · ·
Certified Copy:	\$30.00 (Optional)		SR W