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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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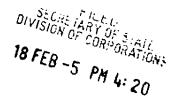
COVER LETTER

TO:

CR2E079 (2/14)

Registration Section Division of Corporations

JAM Educational Holdings, 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: Wendy Bradshaw (Contact Person) JAM Educational Holdings LLC (Firm/Company) 1119 Longwood Oaks Blvd (Address) Lakeland FL 33811 (City/State and Zip Code) For further information concerning this matter, please call: Wendy Bradshaw) 640-4480 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ✓\$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	JAM Educational Holdings, LLC
2. The Florida doce	ment/registration number assigned to this limited liability company is:
L17000043	095
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:01/09/2018
4. I. Claudia Al	varez , hereby withdraw/resign as a
(Print N	ame of Person Resigning)
Manager	
	Print Titles
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Claudi.	1. Hlung
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)