

L17000078621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Signature]
10/20/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bishop's Gate Academy
(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:

Andrew Summers
(Contact Person)

BGA
(Firm/Company)

26945 Bella Vista Drive
(Address)

Howey in the Hills FL 34737
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Summers at (843) 422 5664
(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:

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



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: Bishops Gate Academy

2. The Florida document/registration number assigned to this limited liability company is:
L17000078621

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Felicia Simpson

4. I, Felicia Simpson, hereby withdraw/resign as a
(Print Name of Person Resigning)

Chief Administrator
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)