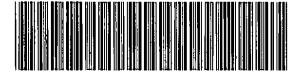
L17000145653

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COVER LETTER

TO: Registration Section Division of Corporations		
Steeple on the Beach Montessori S SUBJECT:	chool. LLC	
	imited Liability Company)	-
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
Eamonn W. Gunther. Esq.		
(Contact Person)		
The Eamonn Law Firm		
(Firm/Company)		
1300 N Federal Highway, Ste 107		
(Address)		
Boca Raton, FL 33432		
(City/State and Zip Code)		
For further information concerning this ma	utter, please call:	
Eamonn W. Gunther, Esq.	833 326-6661 at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	_
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	: 810
	Tallahassee, FL 32303	



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 i	t appears on the records of the Florida Department
of State is:	e on the Beach Montessori School,	LLC
	ment/registration number ass	igned to this limited liability company is:
L17000145653		
3. The date this me	mber/manager withdrew/resig	ened or will withdraw/resign is: 8/15/22
Mariene Pierro		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Authorized Repres	sentative .	
of this limited lial resignation in wri	aller I	limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	
		