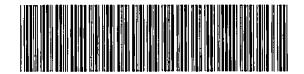
117000/64221

(Requestor's Name)
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SECRETARY OF STATE FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: The Learning Hub (Name of Limited)	, LLC - Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Sahily Escalar (Contact Person)	
The Learning Hub, LLC.	
13130 Westlinks Terrace	Suite_7
Ft. Mylrs, FL 33913 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Sahily Escalar :1 (Name of Contact Person)	239, 900 - 4384 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State 10r: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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)

	PA F. 02
	limited liability company as it appears on the records of the Florida Department
of State is:	ne Learning Hob, LLC.
	ament/registration number assigned to this limited liability company is:
L170001	64221
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Joly 8, 2018
4. I, (Print A	lame of Person Resigning), hereby withdraw/resign as a
Part	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Enrique	Bellow
Signalure of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)