

L17000240572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

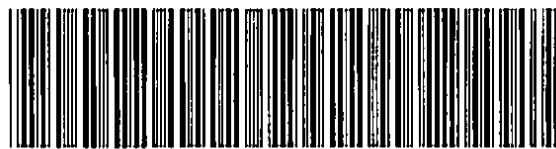
Certificates of Status _____

Special Instructions to Filing Officer:

521

NO\$

Office Use Only



500365371035

2021 MAY 21 AM 8:51
Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

05-21-2021

SUBJECT: Corinne Academy, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and

Please return all correspondence concerning this matter to

William Sheldon

(Contact Person)

Ashcor Investments, LLC

(Firm/Company)

220 Forest Trail

(Address)

Oviedo, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

William Sheldon

(Name of Contact Person)

386

at ()

233-1053

(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

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

No check, no money
order inside of
envelope.

Mailroom
Iyrone G.



RECEIVED
MAY 21 2021



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: Corinne Academy, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000240572

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/21/2021

4. I, Shawn King of King Investments of Orlando, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

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

Shawn King

Signature of Dissociating Member or Resigning Manager

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

2021 MAY 21 AM 8:51