

L17000263971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

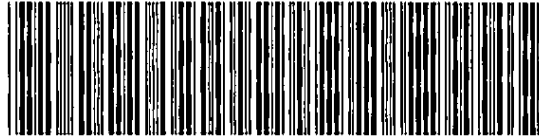
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300325101713

03/05/19 01021 -015 \$455.00

2019 MAR -5 AM 10:49  
SECRETARY OF STATE  
CLERK

MAR 14 2019  
C. McMAUR

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schoolhaus LLC

(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:

John Mansour

(Contact Person)

(Firm/Company)

120 E. Marks Street, Suite 250

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

John Mansour

at (407) 476-3701

(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

2019 MAR -5 AM 10:48  
RECEIVED  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2019 MAR -5 AM 10:45  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

**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: Schoolhaus LLC

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

L17000263971

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/21/2019

4. I, David Larue, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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