

118000 264226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

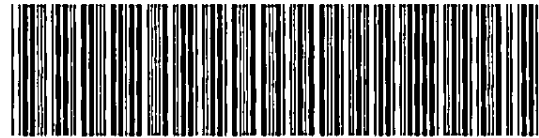
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700321561617

12/03/18--01034--011 \*\*55.00

19 DEC -3 AM 7:34

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Speciality Learning 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:

Adam Charles Rea

(Contact Person)

Elite Specialty Learning LLC

(Firm/Company)

2217 Ivan Ct

(Address)

Sun City Center, Florida 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Charles Rea

at (954) 770-6941

(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)

13  
11-28-2018  
PM  
34

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Elite Specialty Learning LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L18000264226
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-28-2018
4. I, Matthew Cleary III, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(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)