# LZ0 000361591

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>:</del> #)
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#### COVER LETTER

**TO:** Registration Section **Division of Corporations** SUBJECT: TECHNIQUES KEEPER ACADEMY 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: Maria Gualdron (Contact Person) (Firm/Company) 9840 SW 4th St (Address) Plantation, FL 33324 (City/State and Zip Code) For further information concerning this matter, please call: Maria Gualdron (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





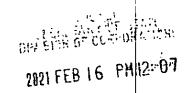
### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

			l
1. The name of the	limited liability company as it	appears on the records of the Florida Dep	artment
of State is: <u>TECE</u>	INIQUES KEEPER ACADEMY LLO		<del>.                                    </del>
2. The Florida doct	iment/registration number assig	gned to this limited liability company is:	
1.20000361591		<del>.</del>	
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is: 12/29/2020	
4. I. Maria Gualdron (Prim N	ame of Person Resigning)	, hereby withdraw/resign as a	
Manager	Print Titles		i i
of this limited lial resignation in wr		imited liability company has been notified	d of my
Michael	<del>\</del>		1
Signatur <b>d</b> of Di	ssociating Member or Resignin	g Manager	1
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		





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1. The name of the	limited liability company as it appears on the records of the Florida Department
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2. The Florida docu	iment/registration number assigned to this limited liability company is:
1.20000361591	·
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/29/2020
4. I. <u>Maria Gualdron</u> <i>tPrim N</i>	, hereby withdraw/resign as a lame of Person Resigning)
Manager	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Micha	
Signature of Di	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)