121000395675

| (Requestor's Name) | | | | |
|-------------------------|---------------------------------------|--------------|--|--|
| | | | | |
| (Ad | dress) | | | |
| | | | | |
| | dress) | | | |
| (710 | uic33) | | | |
| | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| | | | | |
| PICK-UP | WAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nar | ne) | | |
| • | · · · · · · · · · · · · · · · · · · · | ··- , | | |
| | | | | |
| (Do | cument Number) | | | |
| | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| | | | | |
| | | · | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100377339371

12/06/21--01016--035 **55.00

SECRETAINT OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: FORTITUDE LEANING SOLUTIONS LL (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: |
| Gabrielle James (Contact Person) |
| FOITH DE LEAKNING SOLUTIONS LLC (Firm/Company) |
| 1069 JEAN MARIE JEITE (Address) |
| WINTER GARDEN, FL 34787 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$ |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 | s it appears on t | he records of the Florida Department |
|--|------------------------------|-------------------|--------------------------------------|
| of State is: F | DRTITULE LE | YRNING | SOLUTIONS LLC. |
| 2. The Florida docu | ıment/registration number a | ssigned to this | limited liability company is: |
| L2100 | DZ95475 | · | |
| 3. The date this me | mber/manager withdrew/res | signed or will w | rithdraw/resign is: 11/01/~~ |
| 4.1, FOMER | ame of Person Resigning) | , hereby v | vithdraw/resign as a |
| <u>Mana</u> | Print Title) | | |
| of this limited liab resignation in wri | - · | ne limited liabil | ity company has been notified of my |
| $\mathcal{N}(\mathbf{v})$ | notas Timer | | |
| Signature of Di | ssociating Member or Resig | gning Manager | |
| _ | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |