122000415541

(Requestor's Name)			
(Address)			
(1.1001233)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)	<u> </u>		
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Certified Copies Certificates of Statu	ıs		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
Andrew's Place Learni SUBJECT:	
(Name of Limited Liability Company)
The enclosed member, resignatio	or dissociation and fee(s) are submitted for filing.
Please return all correspondence	oncerning this matter to:
Christopher Pappas	
(Contact Perso	1)
Andrew's Place	
(Firm/Compan	<i>c</i>)
1193 Egret Circle S	
(Address)	
Jupiter, FL 33458	
(City/State and Zip	Code)
For further information concerning	g this matter, please call:
Christopher Pappas	561 277-8163
(Name of Contact Person	
Enclosed please find a check mad ☐ \$25 Filing Fee	e payable to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations 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)

	e limited liability company andrew's Place Learning Center L1	as it appears on the records of	the Florida Department
2. The Florida doc 1.22000415541	ument/registration number a	assigned to this limited liability	ty company is:
		signed or will withdraw/resig	5/9/2023 n is:
	Name of Person Resigning)	, hereby withdraw/resig	gn as a
AMBR / Manag	er (Print Title)		
of this limited lia resignation in w		he limited liability company l	has been notified of my
11-	> _#		
Signature of D	issociating Member or Resi	gning Manager	E JETA 2023 HAY
_	\$25.00 (Required) \$30.00 (Optional)		ARY OF STARYOR OF STARYOR OF CORPORATION