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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Play Forest Preschool
(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:

Dominique Giampaolo
(Contact Person)

Play Forest Preschool
(Firm/Company)

20756 NW 55th Drive
(Address)

La Crosse, FL 32658
(City/State and Zip Code)

mailing address:
P.O. Box 154
La Crosse, FL
32658

For further information concerning this matter, please call:

Dominique Giampaolo at (352) 647-7517
(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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Dominique Giampaolo
Play Forest Preschool LLC
L24000125827
EIN: 99-2461137
20456 NW 55th Drive
La Crosse, FL 32658
352-647-7517

April 19th, 2024

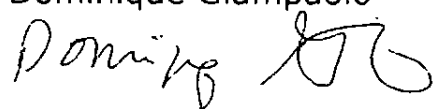
To Whom It May Concern:

Please remove Gaetano Fruscella as the Manager of Play Forest Preschool LLC.

Please add me, Dominique Giampaolo, as the Manager of Play Forest Preschool LLC.

Thank you!

Sincerely,
Dominique Giampaolo

A handwritten signature in black ink, appearing to read "Dominique" followed by a stylized monogram or initials.



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Play Forest Preschool

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

L24000125827

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/12/24

4. I, Gaetano Frusella, 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.

Gaetano Frusella
Signature of Dissociating Member or Resigning Manager

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

FILED
2024 APR 22 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL