

L24000326696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

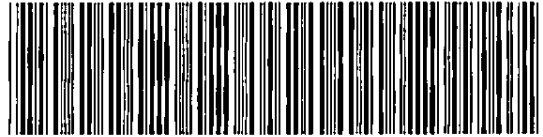
(Business Entity Name)

(Document Number)

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CS/06/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ponte Vedra Educational Services, 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:

Kimberly A. Loving
(Contact Person)

Ponte Vedra Educational Services, LLC
(Firm/Company)

1021 Meadow View Lane
(Address)

Saint Augustine, FL 32092
(City/State and Zip Code)

RECEIVED
FLORIDA DEPARTMENT OF
STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Kimberly Loving at (904) 501-0423
(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



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: Ponte Vedra Educational Services, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
124000326696
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/2/24
4. I, William P. Loving, Sr., hereby withdraw/resign as a
(Print Name of Person Resigning)
member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Wm P Loving Sr

Signature of Dissociating Member or Resigning Manager

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

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