

P1500002023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

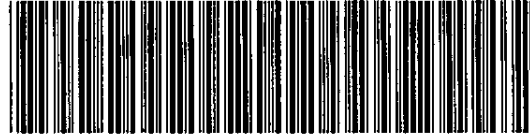
(Business Entity Name)

(Document Number)

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05/11/15--01022--019 **55.00

15 MAY 11 AM 11:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
5-18-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRECON EDUCATION INC
(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:

CAROL GRIEF
(Contact Person)

BRECON EDUCATION INC
(Firm/Company)

5286 GAWTT ROAD
(Address)

SARASOTA FL 34233
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL GRIEF at (941) 925 0855
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY 11 AM 11:45

I, GORDON GRIEF, hereby resign as VICE PRESIDENT
(Title)

of BRECON EDUCATION INC
(Name of Corporation)

P15000002023, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

(Signature)
nature of business (if not a director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314