

L11000083434

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CRM  
1025-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A CREDIT EDUCATION SERVICES, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000083434

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO ORTIZ  
Name of Person

300 WILSHIRE BLVD SUITE#238  
Name of Firm/Company

300 WILSHIRE BLVD SUITE#238  
Address

CASELBERRY, FL 32707  
City/State and Zip Code

slbrealtor@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANA LEON at ( 407 ) 715-1086  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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14 OCT 16 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**PABLO ORTIZ**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **A CREDIT EDUCATION SERVICES, LLC.**

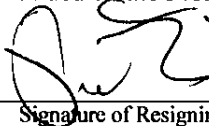
\_\_\_\_\_  
Name of Limited Liability Company

**P11000083434**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**PABLO ORTIZ**

\_\_\_\_\_  
Typed or Printed Name

**MGRM**

\_\_\_\_\_  
Capacity

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14 OCT 16 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**