

L15 000 17 6435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

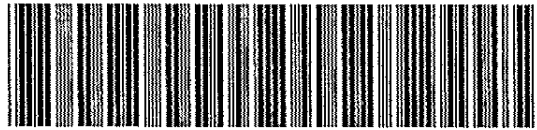
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FEB 08 2017  
S. YOUNG

17 FEB -7 AM 11:47

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$25

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: 2/7 Mude

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING RA Resignation

1. LESS Institute Sample, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

FILED STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB -7 11:48:09 AM '11

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**CORPORATE ACCESS, INC.**

hereby resigns as

Name of Registered Agent

Registered Agent for **LESS INSTITUTE SAMPLE, LLC**

Name of Limited Liability Company

**L15000176435**

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.

*Danny Bennett*

Signature of Resigning Agent

If signing on behalf of an entity:

**DANNY BENNETT**

Typed or Printed Name

*Pres*

Capacity

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB -7 AM 8:00

**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withdrawn limited liability company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**