## MUI 10000 1560

(Re	questor's Name)	
	•	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
☐ FICK-OF	☐ <b>W</b> A⊓	WIAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filina Officer:	
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RECEIVED

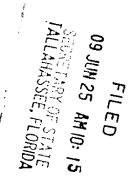
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Office Use Only

B. KOHR

JUN 2 6 2009

**EXAMINER** 





UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

	181	562
 June	25	2009

## **CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Pride Institute of Flo	rida LLC
	The state of the s
Filing Eyidence  ⊠ Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status
□ Certified Copy	□ Certificate of Good Standing
	□ Articles Only
Retrieval Request	<ul> <li>All Charter Documents to Include Articles &amp; Amendments</li> </ul>
□ Photocopy	☐ Fictitious Name Certificate
□ Certified Copy	□ Other

NEW FILINGS		
	Profit	
	Non Profit	
	Limited Liability	
	Domestication	
	Other	

	AMENDMENTS
	Amendment
X	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS		
	Annual Reports	
	Fictitious Name	
	Name Reservation	
	Reinstatement	

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	ion 608.416(2) or 608.509, Florida Statutes, the u	indersigned,
Nationscoro Re	gistered Agents, Inc. , hereby	resions of T
	Registered Agent	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA
Registered Agent for	Pride Institute of Florida LLC	
		65 TV
	Name of Limited Liability Company	
		· V
M0100000156	0	<b>\</b>
Document Number, if known	own	
A copy of this resignation was ma	ailed 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  W. Edu and Han Signature of Resigning Agent	on which this statement is filed.
If signing on behalf of an entity:		
	W. Edward Hand	
	Typed or Printed Name	_
	President	

Capacity

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