

M20000009089

(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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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 465685 4324340
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2020
ORDER TIME : 12:49 PM
ORDER NO. : 465685-005
CUSTOMER NO: 4324340

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: BERT RODGERS SCHOOLS OF RE,
LLC

Withdrawal

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

- Certified Copy
- Plain Stamped Copy
- Certificate of Status

CONTACT PERSON: Amanda Robinson - Ext. 62968

EXAMINER'S INITIALS: _____

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 465685 4324340
AUTHORIZATION : *Lynne Coleman*
COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2020
ORDER TIME : 12:49 PM
ORDER NO. : 465685-005
CUSTOMER NO: 4324340

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: BERT RODGERS SCHOOLS OF RE,
LLC

Please file the attached ^{*Withdrawal*} ~~registration~~ of the fictitious name
shown above and return the document(s) indicated below:

Certified Copy
 Plain Stamped Copy
 Certificate of Status

CONTACT PERSON: Amanda Robinson - Ext. 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bert Rodgers Schools of Real Estate, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M20000009089

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Seavy

(Name of Contact Person)

Finn Dixon & Herling, LLP

(Firm/Company)

Six Landmark Square

(Address)

Stamford, CT 06901

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Seavy at (203) 355-3844

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

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

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

Bert Rodgers Schools of Real Estate, LLC

_____, a limited liability
(Name of Limited Liability Company)

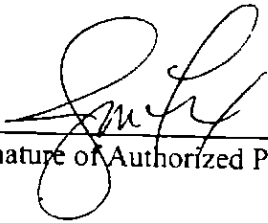
company duly organized and existing under the laws of Delaware

(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Bert Rodgers Schools of RE, LLC

(Alternate Name Renounced in State of Florida)



Signature of Authorized Person

10/21/2020
Date

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

DEPT. OF STATE
DIV. OF CORPORATIONS
TALLAHASSEE, FL

2020 OCT 22 AM 10:11

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