

Division of Corporations Electronic Filing Cover Sheet

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To:		
	Division of Fax Number	Corporations : (850)617-6380
	Cax Hampen	. (050)017-0500

From:

Account Name	:	C T CORPORATION SYSTEM
Account Number	:	FCA000000023
Phone	:	(512)418-6949
Fax Number	:	(954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__



REGISTERED AGENT RESIGNATION
WESTON EDUCATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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2017-05-22 09:15:04 CST

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Weston Educational Inc

(Name of Corporation)

DOCUMENT NUMBER: F00000005247

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Seidita

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Kate Seidita

(Name of Person)

(212) 894-8526 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87,50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



CR2E046 (04/12)

2017-05-22 09:15:04 CST

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, <u>CTCORPORATION SYSTEM</u> (Name of Registered Agent) hereby resigns as Registered Agent for <u>Weston Educational Inc</u>

(Name of Corporation)

F0000005247

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

CT CORPORATION SYSTEM-Kate Seidita

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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