## F10000001060

	(Requestor's Name)				
(Address)  (Address)  (City/State/Zip/Phone #)					
				i.	PICK-UP WAIT MAIL
					(Business Entity Name)
(Document Number)					
	Certified Copies Certificates of Status				
Ī	Special Instructions to Filing Officer:				
!					

Office Use Only



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SECRETARY OF STATE PALLAHASSEE, FLORE

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>1/5/22</u>	**WALK IN**
ENTITY NAME IMAGINE LEARNING, INC.	
DOCUMENT NUMBER F10000001060	
**PLEASE FILE THE ATTI	ACHED AND RETURN**
Plain Copy	
Plain Goog  Certified Copy  Lertificate of Status	
**PLEASE OBTAIN THE FOLLOW	UNG FOR THE ABOVE ENTITY**
Certified Copy of Arts & Amen	dments
Certified Copy of Arts & Amen	dments Complete File (Including Annual Reports)
Certificate of Status	
Certificate of Status Reflecting:	·
**APOSTILLE' / NOTAK	PHAL CERTIFICATION**
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL OWED \$ 43.75  Please call Tina at the above number for any issues	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.
Please call Tina at the above number for any issu	ues or concerns. Thank you so much!



January 6, 2022

SUNSHINE STATE

CCTITITION )
Please Allow Fue
Same File Date

SUBJECT: IMAGINE LEARNING, INC.

Ref. Number: F10000001060

We have received your document for IMAGINE LEARNING, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As of January 1, 2020, the form for withdrawing a Foreign Corporation has changed. Please use the new Withdrawal form located on our website (www.sunbiz.org).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 722A00000363

District of Community - D.O. DOV 0997 JP 11 1 DO 11 9991

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: IMAGINE LEARNING,	INC.
Jebelet.	of Corporation)
DOCUMENT NUMBER: F100000106	0
The enclosed withdrawal application and fee are su	ibmitted for filing.
Please return all correspondence concerning this matter to the following:	
DOLORES BURTON	
•	of Person)
UNITED CORPORATE S	
	Company)
100 STATE STREET, SU	
ALBANY, NY 12207	ldress)
	and Zip code)
For further information concerning this matter, please	e call:
at (	
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
	ced Copy Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	IMAGINE LEARNING, INC.	
	(Name of Corporation	
	F10000001060	
	(Document Number of Corporatio	п (if known)
	UTAH 03/02/2010	
	(Incorporated Under Laws of and date authorized to trans	sact business/conduct its affairs)
voluntar	rporation is no longer transacting business or conducting rily surrenders its authority to transact business or conducting rporation revokes the authority of its registered agent is the Department of State as its agent for service of process.	n Florida to accept service on its behalf and
	vas authorized to transact business or conduct affairs in F	• •
The foll	owing is a current mailing address for the corporation:	
	Adrienne Rytting, Imagine Learning LLC-382 Park Circle, Suite	100
	(Mailing Address)	The state of the s
	Provo, UT 84604	The state of the s
	(City/ State /Zip)	Energy B.
The cor	poration agrees to notify the Department of State in the fi	sture of any change in its mailing address.
	/s/ David S. Alderslade	1-5-2021
i	(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
	David S. Alderslade	CFO
-	(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35