Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

REGISTERED AGENT RESIGNATION RHODES COLLEGES, INC.

Certificate of Status	0
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FFR 29 2016

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Electronic Filing Menu

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RHODES COLLEGES, INC.
(Name of Corporation) DOCUMENT NUMBER: F96000004221
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:
Theresa Alfieri
(Name of Person)
C T CORPORATION SYSTEM (Name of Firm/Company)
111 8th Avenue, 13th Floor
New York, New York 10011 (City/State and Zip Code)
For further information concerning this matter, please call:
Theresa Alfieri at (212)894-8516 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	1302(2), 617.0302(2), 607.1309, 6f 617.1309,
Florida Statutes, the undersigned, CTC	ORPORATION SYSTEM
	(Mame of Kegistered Agent)
hereby resigns as Registered Agent for RHODES COLLEGES, INC.	
	(Name of Corporation)
F96000004221	
(Document Number, if known)	
A copy of this resignation was mailed to the	e above listed corporation at its last known address.
The agency is terminated and the office disc this statement is filed.	continued on the 31st day after the date on which
1 Sua	U.
(Signati	ire of Resigning Agent)
If signing on behalf of an entity:	
CT CORPORATIO	N SYSTEM-Theresa Alfieri
(Турс	ed or Printed Name)
ASSISTANT SEC	CRETARY
	(Capacity)
1	ેટ્રેક, સ્ટ્રેડ્રેક, સ્ટ્રેડ, સ્ટ્રેડ્રેક, સ્ટ્રેડ, સ્ટ્રેડ્રેક, સ્ટ્રેડ, સ્ટ
!	1 * * * * * * * * * * * * * * * * * * *
Fee for filing th	is document:
\$87.50 - Active	Corporation Q N
	is document: Corporation stratively dissolved/voluntarily dissolved/
withdra	awn corporation

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