

F97000003204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

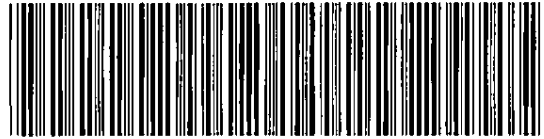
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 8 2025

Office Use Only



000438439940

RECEIVED

2025 JAN -7 AM 11:27

STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

FILED

2025 JAN -7 PM 4:49

STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

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

ACCOUNT NO. : I20000000195

REFERENCE : 819371 8260965

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 9, 2024

ORDER TIME : 10:05 AM

ORDER NO. : 819371-100

CUSTOMER NO: 8260965

-----  
FOREIGN FILINGS

NAME: ALLTRAN EDUCATION, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER: \_\_\_\_\_

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

Alltran Education, Inc.

\_\_\_\_\_  
(Name of Corporation)

F97000003204

\_\_\_\_\_  
(Document Number of Corporation (if known))

II.

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

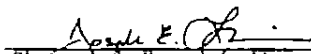
500 Virginia Drive, Suite 514

\_\_\_\_\_  
(Mailing Address)

Ft. Washington, PA 19034

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joseph E. Laughlin

\_\_\_\_\_  
(Typed or printed name of person signing)

January 6, 2025

\_\_\_\_\_  
(Date)

Director, President, CEO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**