

F97000003568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

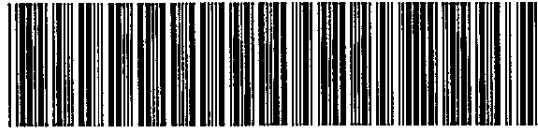
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800066953838

01/01/2006 10:00:00 AM

03/03/06 01:41:00 PM

FILED  
06 MAR -3 AM 8:32  
TALLAHASSEE, FLORIDA

4 124



February 28, 2006

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Caliber Learning Network, Inc.**  
**Document # F97000003568**

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 10646 in the amount of \$35.00 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Joan M. Coleman

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Caliber Learning Network, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F97000003568

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:

Joan M. Coleman  
(Name of Person)

Capitol Corporate Services Registered Agent Department  
(Name of Firm/Company)

800 Brazos, Suite 1100  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan M. Coleman at ( 800 ) 345-4647  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, Capitol Corporate Services, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Caliber Learning Network, Inc.  
(Name of Corporation)

F97000003568  
(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.

Cheryl Roberts  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Roberts  
(Typed or Printed Name)

President  
(Capacity)

FILED  
06 MAR -3 AM 8:32  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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**