

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003058073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:_

LLC REGISTERED AGENT RESIGNATION TUTORINGZONE LC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu Corporate Filing Menu

Help

111-73/18

2018 06.1 2.2

(1)

 \mathbf{r}

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115,	Florida Statutes, the unde	ersigned,	
C T CORPORATION SYSTEM	CORPORATION SYSTEM , hereby resigns as		
Name of Registered Agent			
Registered Agent for TUTORINGZONE L	С		
Name of Limit	ted Limbility Company		
L02000024345			
Document Number, if known			
A copy of this resignation was mailed to the ab	ove listed limited liability	company at its last known addres	is.
The agency is terminated and the office discon	tinued on the 31st day afte		t is filed.
If signing on behalf of an entity:			FILE 2018 OCT 22
·	System - Helen Mac-	Tran PA	
•	ped or Printed Name nt Secretary	PAR	22
	Capacity	ASSI ASSI	
FILING 3 \$ 85.00 \$ 25.00	Active limited liability of	ved/ voluntarily dissolved/	A G. TATE

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