L0200028522

(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:		





600024712866

11/17/03--01068--011 **110.00

S NOV 21 PH 12: 59

30 My 31.03 03 0600 38 M

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Credit Educators of America LLC		
(Name of Limited Liability Company)		
DOCUMENT NUMBER: L02000028522		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Regis Sauger		
(Name of Person)		
Credit Educators of America LLC		
(Name of Firm/Company)		
2003 SE 10th Ave		
(Address)		
Cape Coral, FL 33990		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Patrick Burns CPA at (407) 228-4443 (Name of Person) (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 \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.		
Malling Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida S	Statutes, the undersigned,
Sauger, Connie	-	, hereby resigns as
	(Name of Registered Agent)	, somethy realizable to
Registered Agent for	Credit Educators of America LLC	
	(Name of Limited Liability Company)	······································
	28522 unber, if known)	- 4 - 1
A copy of this resigna	tion was mailed to the above listed limited liabi	lity company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day	after the date on which this statement is filed.
If signing on behalf of	(Typed or Printed Name)	I F D 121 PH 12: 5 1ARY OF STAT ASSEE, FLORI
	(Capacity)	13 2 10

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

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