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## National Resident Agent Service Incorporated

March 2, 2006



Dept. of State Div. of Corporations'Corporate Filings P O Box 6327 Tallahasee, FL 32314

RE: Statement of Resignation

7 AM 8: 00

Dear Sir or Madam:

This letter is to inform your office that Theresa O'Brien, Orlando, FL will no Clonger act as the Registered Agent on behalf of carrier listed.

Horvard International Language Co.

D'Suin

Please accept this letter as the resignation of Theresa O'Brien. Kindly return and receipt the enclosed copy acknowledging receipt of this resignation.

Sincerely,

Theresa O'Brien

/lv

Encl.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2006

Theresa O'Brien National Resident Agent Service Inc. 523 East Lancaster Ave. Wayne, PA 19087

SUBJECT: HORVARD INTERNATIONAL LANGUAGE COMMUNICATE

ESTIMATE LLC

Ref. Number: L04000052132

We have received your document for HORVARD INTERNATIONAL LANGUAGE COMMUNICATE ESTIMATE LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the enclosed information to resign as registered agent of an inactive limited liability company. The fee to file the resignation is \$25.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return a copy of this letter along with your document to ensure proper

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 106A00015859

FORMS & CHECK ATTACHED

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2)	or 608.509, Florida S	Statutes, the undersig	gned,			
Theresa O'Brien			, hereby resigns as				
(1)	Name of Registered Agent)						
Registered Agent for	Horvard I	nternational	<del>Language</del>				
Communicate Estim						<b>→</b>	
	(Name of Limite	ed Liability Company)					
		_					
(Document Number	r, if known)						
A copy of this resignation	was mailed to the abo	ve listed limited liabi	lity company at its l	ast known a	ddress.		
The agency is terminated a	and the office disconti	nued on the 31st day	after the date on wh	ich this state	ement i	is filed	
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e e	(Signatu	re of Resigning Agent)	<del>}</del>				
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If signing on behalf of an e	entity:						
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	\$ 85.00 \$ 25.00	Active limited liabilith Administratively dissipation withdrawn limited li	solved/voluntarily of ability company	lissol d'	73		

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