L0700011612

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	<u>, </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: Training for Real Life LLC		
(Name of Limited Liability Company)		
DOCUMENT NUMBER: L07000011612		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted	
Please return all correspondence concerning this matter to the	e following:	
Gwen Larrett		
(Name of Person)		
StraitRay Corporation		
(Name of Firm/Company)		
124 Calle De Leon		
(Address)		
St. Augustine, FL 32086		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Gwen Larrett at (904) (Name of Person) (Area Code	797-8779 & 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 limited liability company.	l, voluntarily dissolved or withdrawn	
MAILING ADDRESS: STREET	T ADDRESS:	
Amendment Section Amendm	Amendment Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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

Pursuant to the provisions of section 608.416(2) or 608.5	509, Florida Statutes, the undersigned,
StraitRay Corporation	, hereby resigns as
(Name of Registered Agent)	, norosy ros,gan as
Registered Agent for Training for Real Life L	LC So E
(Name of Limited Liability	ty Company)
L07000011612	SEE OF PL
(Document Number, if known)	Limited liability company at its last larger and 1975
A copy of this resignation was mailed to the above listed	l limited liability company at its last known addiess.
The agency is terminated and the office discontinued on	the 31st day after the date on which this statement is filed.
Signature of	1 Resigning Agent)
If signing on behalf of an entity:	
(Typed or Prin	ted Name)
(Capacity	1

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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