Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100000382103)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PHOENIX LAW P.A.

Account Number : 120030000088

: (239)461-0024

Phone Fax Number

: (239)461-0083

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

Email Address:_

REGISTERED AGENT RESIGNATION CRESTED BUTTE ACADEMY LLC

Certificate of Status	1
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From PHOENIX LAW PARTNERS

239 461 0083

02/19/2010 10:01

#808 P.002/003

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	<u>Crested But</u>	te Acade	my LLC	<u> </u>	
	Name of Lim	ited Liability	y Company	<i>'</i>	
DOCUMENT NUMBER:	L07000032592				
The enclosed Resignation of F for filing.	Registered Agent f	or a Limite	d Liability	y Company and	i fee are submitted
Please return all corresponden	ce concerning this	matter to t	he follow	ing:	
	Miller .	•	_		
Name of	Person				•
Phoenix	Law PA				
Name of Fir	т/Сотралу		_		
12800 University)	_		
Add	ress			•	
Fort Myers	, FL 33907		_		٠
City/State at	nd Zip Code				
			_		
E-mail address: (to be used for	r future annual report	notification)			
For further information conce	rning this matter, p	please call:			
Debbie Miller			_)	461-0101	
Name of Persor	1	Area Cod	e & Daytin	ne Telephone Ni	umber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LI

LIABILITY COMPANY

TERN 10 TO SO Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, Charles PT Phoenix, Esq. Name of Registered Agent Crested Butte Academy LLC Registered Agent for ___ Name of Limited Liability Company L07000032592 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company 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. Signature of Resigning Agent If signing on behalf of an entity: Typed or Printed Name

Capacity

Active limited liability company 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

INHS17 (08/05)

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