

LD70000078170

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2008 APR 18 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resignation

TB

4-24-08

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

15 April, 2008

To Whom It May Concern:

Enclosed are documents and payment required to formally resign as Registered Agent for the following Florida non-profit corporations, effective immediately:

1. Tampa Preparatory & Fitness Academy, Inc. (Doc. # N07000007272)
2. Ft. Myers Preparatory & Fitness Academy, Inc. (Doc. # N07000007268)
3. Jacksonville Preparatory & Fitness Academy, Inc. (Doc. # N07000007269)

In addition, I am resigning as Registered Agent for the following Limited Liability Company:

1. Performance Academies of Florida, LLC (Doc. # L07000078170)

I enclose a check for \$347.50 (\$87.50 for each of the three corporations + \$85.00 for the LLC) as payment for the required fees.

Because I am moving away from Florida and will no longer be a resident, I am unable to continue serving as Registered Agent. The companies are in the process of appointing a new Florida Registered Agent. For all future matters regarding these four organizations, please contact:

Dr. Myrrha Satow, President  
Edvantages, Inc.  
2556 Sherwood Dr.  
Bexley, OH 43209  
(937) 684-2497

Sincerely,



Rick Oches  
308 W. Wilder Ave.  
Tampa, FL 33603

cc: Myrrha Satow, Ph.D., Columbus, OH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Performance Academies of Florida, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** 207000078170

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:

Myrrha Satow  
(Name of Person)

Edvantages  
(Name of Firm/Company)

2556 Sherwood Dr.  
(Address)

Bexley, OH 43209  
(City/State and Zip Code)

For further information concerning this matter, please call:

Myrrha Satow at (937) 684-2497  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Rick OCHES

(Name of Registered Agent)

Registered Agent for

Performance Academics of Florida, LLC

(Name of Limited Liability Company)

LO7000078170

(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]

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

### **FILING FEES:**

\$ 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

FILED  
2008 APR 18 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA