

LO8000008332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

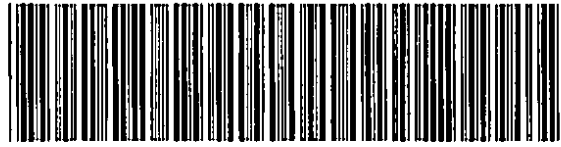
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 26 AM 10:56
CLERK OF SUPERIOR COURT
FALL MASSACHUSETTS, FLORIDA

S. WARREN

JUL 28 2017



REGISTERED AGENT
SOLUTIONS INC

Corporate Office
1701 Directors Blvd.
Suite 300
Austin, TX 78744

(888) 705-7274 *Phone*
(888) 706-7274 *Fax*
www.rasi.com *Web*

July 21, 2017

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

RE: Entity Resignations

To Whom It May Concern:

Registered Agent Solutions, Inc. hereby resigns as registered agent for the attached entities. Written notice of resignation was given to the attached entities by delivering such notice to the entities at their last known addresses. Enclosed please find the following for filing with the Florida Secretary of State:

- One original and one copy of the Resignation of Registered Agent statement.
- \$25.00 for Inactive entity.

Please file immediately the enclosed, and return a file-stamped copy of each resignation to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274.

Sincerely,

Mary Castillo
Registration Specialist
Registered Agent Solutions, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POAH NEW HORIZONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000008332

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:

Mary Castillo
Name of Person

Registered Agent Solutions, Inc.
Name of Firm/Company

1701 Directors Blvd., Ste 300
Address

Austin, Texas 78744
City/State and Zip Code

notices@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo at (888) 705-7274
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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration 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 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENT SOLUTIONS, INC., hereby resigns as

Name of Registered Agent

Registered Agent for **POAH NEW HORIZONS, LLC**

POAH NEW HORIZONS, LLC

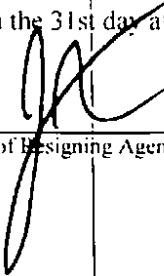
Name of Limited Liability Company

L08000008332

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:

Justine Karnell

Typed or Printed Name

Assistant Secretary

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
17 JUL 26 AM 10:54
DIVISION OF STATE
TALLAHASSEE, FLORIDA