L08000027235

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
\	,	- ·· ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
`	,	,
<u> </u>	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,	_	•
		j
		1
		ļ

Office Use Only



800136462888

10/02/08--01016--010 **87.50

08 OCT -2 AN IO: 09
SECRETARY OF STATE
TALL AHASSEE FLORIE

R.A. Lesign

0

OCT 0 8 2008

COVER LETTER

10:	Division of Corporations	
SUBJ	BJECT: Resignation of Registered Agent	
	(Name of Corporation)	
DOCU	CUMENT NUMBER: L08000027235	
The er	enclosed Resignation of Registered Agent for a Corporation and fee are submi	tted for filing.
Please	se return all correspondence concerning this matter to the following:	
John	hn V. Frangipane Jr.	
	(Name of Person)	
Lear	arncraft Studios, LLC	
	(Name of Firm/Company)	
2751	51 N Rock Island Road, # 204	
	(Address)	
Marg	argate, FL 33063	
	(City/State and Zip Code)	
For fu	further information concerning this matter, please call:	
John	nn Frangipane at (954) 540-1722	
	(Name of Person) (Area Code & Daytime Telephone N	lumber)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,John	No. Frangipane Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for	Learncraft Studios, LLC (Name of Corporation)
L08000027235	
(Document Number, if known)	-
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	iscontinued on the 31st day after the date on which
If signing on behalf of an entity:	SECRE
(T)	yped or Printed Name)
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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