

LD9000006708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

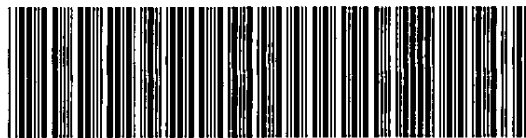
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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PSS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Invincible Education LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000006708

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:

Steven H Feit
Name of Person

Name of Firm/Company

3215 NW 63rd Street
Address

Boca Raton, FL 33496
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven H. Feit at (561) 350-0335
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Vincent Pellegrini

_____, hereby resigns as

Name of Registered Agent

Registered Agent for Invincible Education LLC

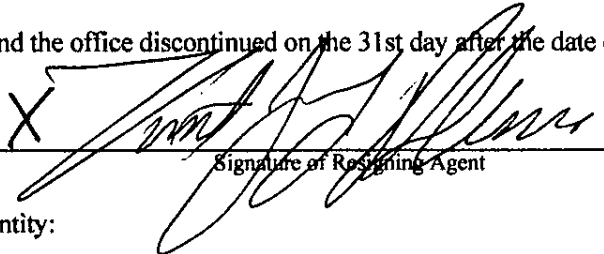
Name of Limited Liability Company

L09000006708

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.

X 

Signature of Resigning Agent

4/15/10

If signing on behalf of an entity:

Vincent Pellegrini

Typed or Printed Name

Registered Agent

Capacity

FILING FEES:

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withdrawn limited liability company

FILED
10 APR 21 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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