L09000045629

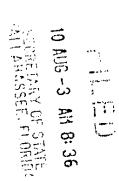
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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J. BRYAN
AUG -4 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2010

JEREANN S. ZANN 131 SE 7TH WAY POMPANO BEACH, FL 33060

SUBJECT: ADVANCED EDUCATION SERVICES, LLC

Ref. Number: L09000045629



We have received your document for ADVANCED EDUCATION SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00017294

July 28, 2010

Joey Bryan
Regulations Specialist II
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314



Dear Mr. Bryan,

Enclosed is the correct form for dissolution of Advanced Education Services, LLC. I initially filled out the form for dissolution of a corporation by accident, and sent in the corresponding check for \$35, which was cashed. The LLC form only requires a \$25 fee, so I would like to request that I be refunded the \$10 overpayment.

Thank you for your help in re-submitting the correct form. If you have any questions or need to contact me, please feel free to do so at (561) 445-9385.

Sincerely,

Jereann S. Zann

COVER LETTER

TO:

\$

Registration Section

	(Name of 1	imited Liability Company)	
The enclosed Art	icles of Dissolution and fee(s) are su	bmitted for filing.	
Please return all c	correspondence concerning this matte	er to the following:	
	Jereann S. Zann		
(Name of Person)			
			2位 5
-		(Firm/Company)	一篇 86
,	131 SE 7th Way		55 S
-		(Address)	
	Pompano Beach, FL	33060	<u> </u>
-	<u>'</u>	y/State and Zip Code)	
			r.
For further inform	nation concerning this matter, please	call:	
Jereann S. Zann		_{at (} 561 ₎ 445-9385	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
Enclosed is a check	for the following amount:		
\$25,00 Filing Fee & Certificate of Status		Certified Copy Certified (additional copy is enclosed) Certified	00 Filing Fee, ate of Status & d Copy and copy is enclosed)
for that			.,
,	MAHANG ADDRESS:	LING ADDRESS: STREET/COURIER ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	i
	Tallahassee, FL 32314	2661 Executive Center C	lirele
		Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION' FOR A LIMITED LIABILITY COMPANY

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ed liability company's dissolution pursuant to section over letter). Ever commenced business and a
zed the dissolution.
-oa tiio aiooolatioii.
imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608,4421. Ited among its members in accordance with their respective bany in any court. atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution:
Printed Name
Jereann S. Zann

FILING FEE: \$25.00