

L11000046864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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RA Resign
Tewis
6-20-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YOUR EDUCATION PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000046864

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:

Darnell Aponte
Name of Person

Name of Firm/Company

9040 Royal Palm Blvd Apt 602
Address

Coral Springs, FL 33065
City/State and Zip Code

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

For further information concerning this matter, please call:

Darnell Aponte at (954) 709-5115
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Darnell Aponte

Name of Registered Agent

, hereby resigns as

Registered Agent for YOUR EDUCATION PARTNERS, LLC

Name of Limited Liability Company

L11000046864

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.

Darnell Aponte

(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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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