

From:

Division of Corporations

L/2000092171

11/07/2014 09:28

2:82 P.010/039

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
STUDENT LOAN CONSOLIDATORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
14 NOV -7 AM 11:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2014 NOV -7 AM 11:36
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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11/10/14

From: *

11/07/2014 09:29

#182 P.011/039

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDENT LOAN CONSOLIDATORS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000092171

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:

Carol Panchana

Name of Person

BlumbergExcelsior Corporate Services Inc.

Name of Firm/Company

16 Court St 14th FL

Address

Brooklyn, NY 11241

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

From:

11/07/2014 09:29

#182 P.012/039

FILED
2014 NOV -7 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BLUMBERGEXCELSIOR CORPORATE SERVICES INC., hereby resigns as

Name of Registered Agent

Registered Agent for **STUDENT LOAN CONSOLIDATORS, LLC**

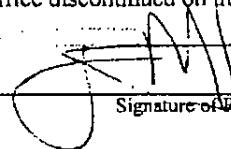
Name of Limited Liability Company

L12000092171

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:

Jose Mojica

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