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(Do	cument Number)	
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COVER LETTER

SUBJECT: ConversationED LLC Name of Limited Lial	pility Company
DOCUMENT NUMBER: L13000116471	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitte
Please return all correspondence concerning this matter	to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	····
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please ca	all:
at (773-0888
Name of Person Area C	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115.	. Florida Statutes, the unde	rsigned.
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent		thereby resigns as
Registered Agent for Co	onversationED LL(
			627
	Name of Limit	ed Liability Company	100 H
			上
L13000116471			•
Document Number, if known		22	
A copy of this resignation	in was mailed to the ab	ove listed limited liability	company at its last known address.
The agency is terminated	d and the office discon	tinued on the 31st day afte	r the date on which this statement is filed.
	C	Signature of Resigning Agent	
If signing on behalf of a	n entity;		
	Cheyenne Mosel	еу	
	Ty	ped or Printed Name	
	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.
		Capacity	
	FILING I \$ 85.00 \$ 25.00	Active limited liability co	ed/ voluntarily dissolved/

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, F1. 32314