

44000064115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

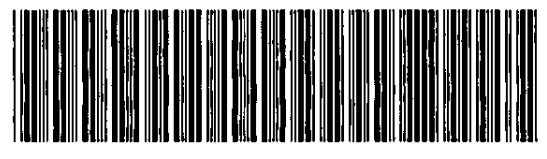
(Business Entity Name)

(Document Number)

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CLERK OF THE  
STATE BAR OF FLORIDA

14 SEP 22 AM 11:43

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RIA  
RCS

SEP. 26 2014

R. WHITE

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

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

Sybil A Gibson, hereby resigns as  
Name of Registered Agent

Registered Agent for Student Debt Forgiveness LLC  
Name of Limited Liability Company

L14000064115  
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.

Sybil A Gibson  
Signature of Resigning Agent

If signing on behalf of an entity:

Sybil A. Gibson  
Typed or Printed Name  
Registered Agent  
Capacity

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 22 AM 11:43

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**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withdrawn limited liability company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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Student Debt Forgiveness LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L140000 64115

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:

Shyla Gibson  
Name of Person

Student Debt Forgiveness LLC  
Name of Firm/Company

7099 N. Atlantic Ave Suite  
Address

Cape Canaveral FL 32920  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maiachi Blas at ( 407 ) 668-0266  
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:**  
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