

44000064115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

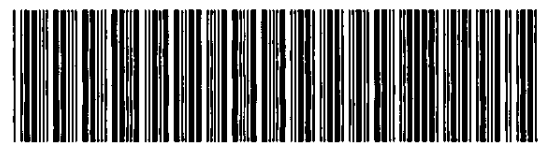
(Business Entity Name)

(Document Number)

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STATE BAR OF FLORIDA

74 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

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FILED

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withdrawn limited liability company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