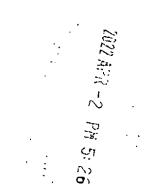
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(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #))		
PICK-UP	☐ WAIT	MAIL MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		_		

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Admission Management, LLC	Company
DOC	UMENT NUMBER: L15000090925	Company
The er for fiti	nclosed Resignation of Registered Agent for a Limiteding.	Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	ne following:
Unite	d States Corporation Agents, Inc.	
	Name of Person	
Legal	zoom.com, Inc.	
	Name of Firm/Company	
101 N	North Brand Blvd. 11th Floor	
	Address	
Glenc	dale, CA 91203	
	City/State and Zip Code	
raresi	gnations@legalzoom.com	
Е-	mail address: (to be used for tuture annual report notification)	
For fur	ther information concerning this matter, please call:	
	800 at (773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	ersigned.		2
United States Corporation Agents, Inc.	, hereby resigns as	**-	2022 AFK
Name of Registe ed Agent			75. 72.
Registered Agent forAdmission Management, LLC			59
Name of Limited Liability Company			. 5 . ≥i .
L15000090925		,	⊕
Document Number, if known.			
A copy of this resignation was mailed to the above listed limited liability	company at its last ki	nown ado	lress.
The agency is terminated and the office discontinued on the 31st day after	er the date on which th	nis staten	nent is filed.
Signature of Resigning Agent			
If signing on behalf of an entity:			
Cheyenne Moseley			
Typed or Printed Name			
Asst Secretary for United States Corporation Ag	gents, Inc.		
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