

L15000165939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

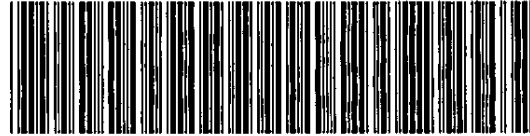
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100279119641

11/04/15--01010--008 **150.00

FILED

2015 NOV 17 P 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sylvan Learning, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bridget Hayes

(Name of Person)

Sylvan Learning, LLC

(Firm/Company)

1001 Fleet Street

(Address)

Baltimore, Maryland 21202

(City/State and Zip Code)

For further information concerning this matter, please call:

Bridget Hayes

(Name of Person)

at (410) 843-8155

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2015 NOV 17 P 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Sylvan Learning, LLC
2. The Articles of Organization were filed on 09/24/2015 and assigned
document number L15000165939
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
See Consent Attached (if applicable)

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
C. Alan Schroeder
1001 Fleet Street
Baltimore, MD 21202

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

C. Alan Schroeder

Printed Name

FILING FEE: \$25.00

2015 NOV 17 P 5:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED