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### **COVER LETTER**

Division of Corporations SUBJECT: Enrollment Educators, LLC Name of Limited Liability Company DOCUMENT NUMBER: L15000200876 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: 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) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

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

Pursuant to the provisio	ns of section 605.0115, Florida S	tatutes, the undersigned,			
United States Corporation Agents, Inc.		, hereby res	resigns as		
Name of Registered Agent					
Registered Agent for <u>E</u>	nrollment Educators, LLC	<del></del>			
	Name of Limited Liability	Company			`
L15000200876					
Document No	ımber, if known				
A copy of this resignation	on was mailed to the above listed	limited liability company at	t its last know	n addre	:ss.
The agency is terminate	d and the office discontinued on	the 31st day after the date of	n which this s	tatemei	nt is filed
		Ц			
If signing on behalf of a		Resigning Agent		2923	
Cheyenne Moseley			•		
	Typed or Printe	d Name	(1) 12 (1)	- 7	
	Asst. Secretary for United State		.883. 10.71	<del>-</del> P	4 7 4
	Capacity	<u> </u>	EE. FL	PH 9: 53	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company