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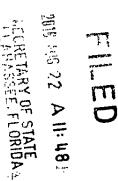
(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INNOVATIVE TEACHING EDGE, LLC.	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000126436	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
C P BUFFINGTON	
Name of Person	
INNOVATIVE TEACHING EDGE, LLC.	
Name of Firm/Company	
1170 POST LAKE PLACE #200	
Address	
APOPKA, FL 32703-2915	
City/State and Zip Code	
cnpavlik@msn.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
C P BUFFINGTON 407	208-8608
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 of	005.0115, Florida Statutes, the unde	ersigned,
J NORMAN STAUF	•	, hereby resigns as
Name of Regist	_	(Neterly Yesighio as
Registered Agent for INNOVATIVE	TEACHING EDGE, LLC.	
Nan	ne of Limited Liability Company	
L16000126436		
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	ce discontinued on the 31st day after	er the date on which this statement is filed.
If signing on behalf of an entity:	Signature of Resigning Agent Typed or Printed Name	FILED 2016 "5 22 A III FECRETARY OF STANGESEEF LO
	Capacity	II: 48

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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