

L16000126436

(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



700289097637

08/23/16--01007--007 \*\*85.00

2016 AUG 22 A 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren  
AUG 23 2016

## 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 Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the 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

Name of Person

at ( 407 ) 208-8608

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**J NORMAN STAUF**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **INNOVATIVE TEACHING EDGE, LLC.**


\_\_\_\_\_  
Name 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 discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 22 AM 11:48

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**