

L17000174280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

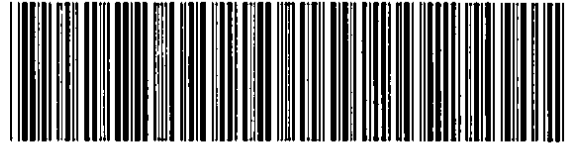
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100322534441

01/14/19--01003--124 **86.00

FILED
2019 JAN 14 A 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/17/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olive Tree Academy
Name of Limited Liability Company

DOCUMENT NUMBER: L17000174280

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:

Joane Ketant
Name of Person

Olive Tree Academy
Name of Firm/Company

2081 Renaissance Blvd #207
Address

Miramar, FL 33025
City/State and Zip Code

joane.ketant@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joane Ketant at (786) 521-2066
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2019 JAN 14 A 4:15
DEPT OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Joane Enid Ketant, hereby resigns as
Name of Registered Agent

Registered Agent for Olive Tree Academy
Name of Limited Liability Company

L17000174280
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.

Joane Enid Ketant
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
2019 JAN 14 A 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE