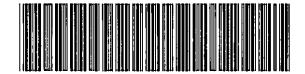
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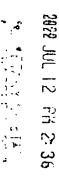
(Requestor's Name)			
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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ud)	smess Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Special Instructions to Filing Officer:			
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'JUL 12 2022 M. SOLOMON

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Integrity Learning Center, LLC
SUBJECT:

SUBJECT:	of Limited Liability	. Componi	
	or chinica chaomic	у Сопірану	
DOCUMENT NUMBER: L17000184251			
The enclosed Resignation of Registered A for filing.	gent for a Limite	d Liability Company and fee ar	e submitted
Please return all correspondence concerning	ng this matter to t	he following:	
Shawn Arnold, Esq., B.C.S.			
Name of Person		-	
Amold Law Firm			
Name of Firm/Company		-	
3840 Crown Point Road, Suite B			
Address		-	# 1.1. 
Jacksonville, Florida 32257			
City/State and Zip Code		_	
E-mail address: (to be used for future annual	report notification)	-	)
For further information concerning this m	atter, please call:		<u>~</u>
Shawn Arnold, Esq., B.C.S.	904	731-3800	
Name of Person	at ( at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the	undersigned,		
Shawn Arnold, Esq., B.C.S.	, hereby resigns as		
Name of Registered Agent	, nereby resigns as		
Registered Agent for Integrity Learning Center, LLC			
Name of Limited Liability Company	·		
L17000184251			
Document Number, if known			
A copy of this resignation was mailed to the above listed limited lial	bility company at its last known address.		
The agency is terminated and the office discontinued on the 31st day	y after the date on which this statement is filed.		
Signature of Resigning A			
If signing on behalf of an entity:	- L. C.		
Typed or Printed Name	72 72		
Capacity	PH 2: 36		

Active limited liability company
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

**FILING FEES:** \$ 85.00 Activ \$ 25.00 Admi