115000214334

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19 JUN -3 PH 1: 43
SECRELARY OF STATE
AND ARASSES. FLORIDA

JUN 19 2019 TECKNOZDZA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AG BROWS ACADEMY LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000214334	
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	e 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	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kasandra Lund 1 800	773-0888 x395 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limite

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the unc	dersigned.	
United States Corp	oration Agents, Inc.	_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for A	G BROWS ACADEMY LLC		
	Name of Limited Liability Company	<u> </u>	
L18000214334			
Document No	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day af	ter the date on which this statement is file	d.
	Signature of Resigning Agent	19 JUN -: SEURE IVAI TALL, AHAS	
If signing on behalf of a	in entity:	ASSET TO THE	ı
	Cheyenne Moseley	.≞.a	i
	Typed or Printed Name	Agents, Inc.	
	Asst. Secretary for United States Corporation A	Agents, Inc.	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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