# 118000 221883

(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



400339001234

01/13/20--01012--003 \*+85.00

20 CST 13 PH 3: 12

R. WHITE

FEB 1 0 2020

#### COVER LETTER

TO: Registration Section Division of Corporations THE EDUCATIONAL PARTNERSHIP LLC SUBJECT: Name of Limited Liability Company L18000221883 DOCUMENT NUMBER:\_\_\_ 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: Chelsea Chapman Name of Person Legalinc Corporate Services, Inc. Name of Firm/Company 10601 Clarence Drive, Suite 250 Address Frisco, TX 75033 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Name of Person Area Code Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.011	5. Florida Statutes, the undersigned,		
Legalinc Corporate Services, Inc.		, hereby resigns as		
	Name of Registered Age			
Registered Agent for _	THE EDU	THE EDUCATIONAL PARTNERSHIP LLC		
in	Name of Lin	nited Liability Company	·	
L1800	0221883			
Document N	Sumber, if known	<u>—</u>		
	ed and the office disco	above listed limited liability company at its last known adontinued on the 31st day after the date on which this states  20		
		Chelsea Chapman		
		yped or Printed Name alinc Corporate Services, Inc. Capacity	2020 J.T. 13	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	R 3:	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314