118000368051

(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



500407795015

11-60--3

2023 KAY - 5 PH 2: 52

COVER LETTER

SUBJECT: Working Through College LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000268051

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

For further information concerning this matter, please call:

E-mail address: (to be used for future annual report notification)

raresignations@legalzoom.com

City/State and Zip Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 605.0115, Flori	da Statutes, the under	rsigned,			
United States Corporation Agents, Inc.			, hereby resigns as	¢		
Name of Registered Agent				3		
Registered Agent for Working Th	rough College	e LLC				
N	ame of Limited Liab	oility Company				
L18000268051						
Document Number, if known	11					
A copy of this resignation was maile	ed to the above lis	sted limited liability (company at its las	t known a	ddress.	
The agency is terminated and the of	Tice discontinued	on the 31st day after	the date on which	h this state	ement is f	iled.
	Signatu	re of Resigning Agent				
If signing on behalf of an entity:					· 2	
Cheyenne Moseley					2023 FiAY -5	
Typed or Printed Name					Mï	ن با
Asst. Secretary for United States Corporation Agents, Inc.			ents, Inc.		\mathcal{L}_{1}^{1}	•
	Capac	sity	-		PH 2:	ر موست معادی
	FILING FEES: \$ 85.00 Activ \$ 25.00 Admi with	e limited liability co inistratively dissolve drawn limited liabili	mpany d/ voluntarily dis ty company	;, solved/	52	

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