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Office Use Only



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COVER LETTER

| SUBJECT: Reading+ Learning and Dev | velopment LLC |
|--|--|
| Name o | f Limited Liability Company |
| DOCUMENT NUMBER: L2000000854 | 5 |
| The enclosed Resignation of Registered Ag for filing. | gent for a Limited Liability Company and fee are submitted |
| Please return all correspondence concernin | g 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 | |
| City/State and Zip Code | |
| raresignations@legalzoom.com | |
| E-mail address: (to be used for future annual i | report notification) |
| For further information concerning this ma | itter, please call: |
| | at (800) 773-0888 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |

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

38. SE

| Pursuant to the provisions of section 605.0115. Florida Statute | s, the undersigned, | 2FEB |
|---|-----------------------|--|
| United States Corporation Agents, Inc. | haruby reciums as | 22 |
| Name of Registered Agent | , hereby resigns as | THE REPORT OF THE PERSON OF TH |
| Registered Agent for Reading+ Learning and Develop | ment LLC | |
| registered regent for | | <u> </u> |
| Name of Limited Liability Compa | any | ' |
| L20000008545 | | |
| Document Number, if known | | |
| A copy of this resignation was mailed to the above listed limite. The agency is terminated and the office discontinued on the 31 | | |
| Signature of Resig | ning Agent | |
| If signing on behalf of an entity: | | |
| Cheyenne Moseley | | |
| Typed or Printed Nam | ne —————— | |
| Asst. Secretary for United States Corp | poration Agents, Inc. | |
| Cupacity | | |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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