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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION AMERICA'S BEST CHILDCARE, LLC

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T. LEMIEUX

COVER LETTER

Division of Corporations	*
SUBJECT: AMERICA'S BEST CHILDCARE, LLC	
Name of Limited Diability	Company
DOCUMENT NUMBER: L20000217182	
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 th	e following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address. (to be used for future armual report notification)	
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley at (at (866-2500 ext 6904
Name of Person Area Code	Daytune 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Tallahassec, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Flori	da Statutes, the under	rsigned,	
Incorp Services,	nc.		, hereby resigns as	
	Name of Registered Agent			
Registered Agent for _	AMERICA'S BEST CHI	LDCARE, LLC		
	Ni 23 11	- 1 (? -		
	Name of Limited Liab	ину Сотрану		
L2000021	7182			
Document 1	lumber, if known			
A copy of this resigna	ion was mailed to the above li	sted limited liability	company at its last known	address.
The agency is termina	ed and the office discontinued	I on the 31st day after	the date on which this sta	ntement is filed.
	My	4/		
	Signati	ne otherskymi gent		
If signing on behalf of	an entity:			
	Wendy Hefley for Inco	orp Services, Inc.	•	2023 K
	Typed or I	Printed Name	***************************************	77
	Authorized Represent	ative		,
	Capsi	city	 	
				: ::
	\$ 25,00 Adm	de limited liability co	d/voluntarily dissolved/	03

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