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2021 OCT 12 PM 7: 14 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2U C	e-rier Services, LLC Name of Limited Liability Company)
The enclosed member, resignation	n or dissociation and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to:
Marlen Willia (Contact Perso	ms Jr
2in Course	Services, LLC
7157 Narcoessee (Address)	Rd Malbox * 1065
Orlando, FL (City/State and Zip	32822 (Code)
For further information concerning	g this matter, please call:
Cassandra Enline (Name of Contact Person	at (407) 460 - 3954 (Area Code & Daytime Telephone Number)
	le payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED

2021 OCT 12 PM 7: 14

SECRETARY OF STATE
FALLAHASSEE, FLORE:

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	24 Courier Services, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L2100	226361
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 10/6/21
4.1, Marlon	Aillians Jr, hereby withdraw/resign as a lame of Person Resigning)
Title	MGR (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
The	-Willi
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)