Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

Email Address:

LLC REGISTERED AGENT RESIGNATION MCDOUGLE FAMILY FOUNDATION EDUCATION, LLC

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JAN 1 3 2025

K. Brumbley

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersigned,
Capitol	Corporate Services, Inc. , hereby resigns as
	Name of Registered Agent
Registered Agent for	MCDOUGLE FAMILY FOUNDATION EDUCATION, LLC
<u> </u>	Name of the Limited Liability Company
Document Nur	
A copy of this resignation	n was mailed to the above listed limited liability company at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the date on which this statement is filed.
	Bin Brelinki
	Signature of Resigning Agent
If signing on behalf of an	entity:
	Brian Radecki
	Typed or Printed Name
	Assistant Secretary – S
	Capacity
	Assistant Secretary Capacity FILING FEES: \$ 85,00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

INHS17 (2/14)