## 121000358990

(Requestor's Name)		
(Address)		
(Address)		
(riddicas)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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## **COVER LETTER**

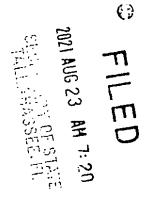
	stration Section ion of Corporations			
SUBJECT:	Athena Educational Services LLC			
SOBJECT.	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissociation	and fee(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to:		
PRABHU DEE	EPTHI YALAMANCHILI			
	(Contact Person)			
ATHENA EDU	JCATIONAL SERVICES LLC			
	(Firm/Company)			
3407 CAVIST	ON WAY			
	(Address)	·		
MELBOURNI	E FL 32940			
•	(City/State and Zip Code)			
For further in	nformation concerning this matter, pl	ease call:		
PRABHU DEI	EPTHI YALAMANCHILI	812 878 6869		
(N		Area Code & Daytime Telephone Number)		
Enclosed ple □ \$25 Filing	ase find a check made payable to the g Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy		
	og Address:	Street Address:		
_	stration Section	Registration Section		
	ion of Corporations	Division of Corporations		
P.O.	Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





## 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)

	e limited liability company	as it appears on the records of the Florida Department  CES LLC
2. The Florida doc L21000358990	ument/registration number	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/r	esigned or will withdraw/resign is:
17 A DTHILL A N	A NID 4	, hereby withdraw/resign as a
MANAGER	(Print Title)	
of this limited list		the limited liability company has been notified of my
		(KARTHIK ANANDA) 08/16/2021
Signature of E	bissociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	