# L21000479150

(F	Requestor's Name)				
(A	Address)				
( <i>f</i>	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	MAIL MAIL				
(E	Business Entity Name)				
(Document Number)					
Certified Copies Certificates of Status					
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: The Ponce Academy LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000479750	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 report notification)	-
For further information concerning this matter, please call:	
at (	773-0888
Name of Person Area Code	Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.011:	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as				
		nt				
Registered Agent for	ne Ponce Academ	ny LLC				_
					···-	
	Name of Lim	ited Liability Company				
L21000479750						
Document Nu	mber, if known	<del></del>				
A copy of this resignation	n was mailed to the a	bove listed limited liability c	ompany at its last	known	address	i.
The agency is terminated	d and the office disco	ntinued on the 31st day after	the date on which	this sta	tement	is filed
		Signature of Resigning Agent	<del></del>			
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley				
	Т	yped or Printed Name		IÀLLÀHÄ!	2023	
	Asst. Secretary for United States Corporation Ag		ents, Inc.	<u>.</u>	AU	
		Capacity		(7)	2023 AUG 17	· ·
				338	7 AH	:
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability con Administratively dissolved withdrawn limited liability.	mpany d/ voluntarily diss sy company	sol <u>ye</u> d/	8: 48	

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