# L22000048641

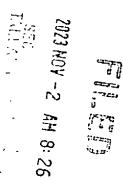
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#### COVER LETTER

SUBJECT: Night School LLC			
Name of Limited Liability Company			
DOCUMENT NUMBER: L22000048641			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.			
Please return all correspondence concerning this matter to the 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:			
Name of Person Area Code Daytime Telephone Number			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

### MAILING ADDRESS:

liability company.

**TO:** Registration Section

Division of Corporations

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

INHS17 (2/14)

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the un	idersigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, nereby resigns as	
Registered Agent for	light School LLC		_
	Name of Limited Liability Company	<del> </del>	_,
L22000048641			
Document N	umber, if known		
_	on was mailed to the above listed limited liabilied and the office discontinued on the 31st day a		
	Signature of Resigning Agen	2023 KOV	
If signing on behalf of a	an entity:	70	77
	Cheyenne Moseley		<b>राष्ट्रहरू</b> ।
	Typed or Printed Name		p=7.783
	Asst. Secretary for United States Corporation	Agents, Inc.	:
	Capacity	<u> </u>	, essential (

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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