

# L22000505175

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Ra Resignation*

JUL 27 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABC GLOBAL LEARNING LAB PLLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000505175

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:

BRITTNEY FULGHUM

Name of Person

LEGALCORP SOLUTIONS, LLC

Name of Firm/Company

3 GREENWAY PLAZA STE 1320

Address

HOUSTON, TX 77046

City/State and Zip Code

natoyapitts2018@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRITTNEY FULGHUM

at ( 888 ) 534-3018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 MAY -1 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LEGALCORP SOLUTIONS, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for ABC GLOBAL LEARNING LAB PLLC

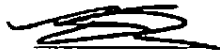
Name of Limited Liability Company

L22000505175

Document Number, if known

A copy of this resignation 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.



Signature of Resigning Agent

If signing on behalf of an entity:

TRAVIS CRABTREE

Typed or Printed Name

MEMBER

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

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2023 MAY -1 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FL