

L97000000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

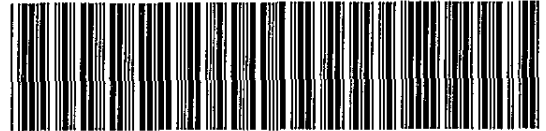
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 MAY 10 PM 3:05

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY 10 PM 4:44

FILED

R. A. Perrigo

G. O'Connell MAY 11 2004

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
DIRECT TELE: (850) 425-5428
DIRECT FAX: (850) 558-1313

May 10, 2004

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

RE: Tallahassee Day School, L.C.

Dear Sir or Madam:

Enclosed for filing is my Resignation of Registered Agent form regarding Tallahassee Day School, L.C.

Also enclosed is our firm's check in the amount of \$85.00 for the filing fee, and an extra copy of the Resignation form to be date stamped by your office and to be picked up by our messenger.

Thank you for your assistance. Please call if you have any questions.

Sincerely,



Emily S. Waugh

ESW/jg

Enclosures

cc: Ms. Julianna T. Stanton, Tallahassee Day School, L.C. (w/copy of Resignation form)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

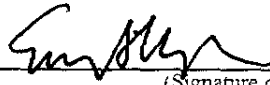
Emily S. Waugh, hereby resigns as
(Name of Registered Agent)

Registered Agent for Tallahassee Day School, L.C.
(Name of Limited Liability Company)

L97000000235
(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:

(Typed or Printed Name)

(Capacity)

FILED
2004 MAY 10 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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