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Office Use Only



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COVER LETTER

Liability Company and fee are subr	nitted
e following:	
	289 3 NOV
643-0204	20 PM 12: 40
	Liability Company and fee are submer following: 643-0204 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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TO:

Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,		
BDB Agent Co).	, hereby resigns as		
	Name of Registered Agent	, nerecy resigns as		
Registered Agent for	Educated Wealth Center, L	.LC		
	Name of Limited Liability Compar	ıy	,	
M0600000346	31			
Document ?	lumber, if known			
A copy of this resignat	ion was mailed to the above listed limited	d liability company at its last known add	ress.	
The agency is terminat	ed and the office discontinued on the 31s	t day after the date on which this statem	ent is filed.	7
	Tank O. Marl	m	ent is filled.	17860- 17862-
	Signature of Resign	ing Agent cri	S 7 [-
If signing on behalf of	an entity:		3 7 7	1903.
	Ruth A. Martell		PM 12: 40	*
	Typed or Printed Name		-	
	Assistant Secretary			
	Canacity			

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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