M07000000288

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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C. LEWIS

APR 2 9 2011

EXAMMER



~ COVER LETTER

Registration Section

TO:

. Division of	Corporations		
SUBJECT: Rich	Dad Education LLC		
Sobsect.		eign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	iwal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	:
Doug Clark			
	(Name of Person)		
Rich Dad Educa	ation		
	(Firm/Company)		
1612 E. Cape o	oral Parkway		
	(Address)		
Cape Coral, FL	33904		
	(City/State and Zip Cod	(e)	
For further information	on concerning this matter, p	olease call:	
Doug Clark		at (239	443-1620
	me of Person)		Daytime Telephone Number)
	OURIER ADDRESS:	MAILING ADDRESS:	
Registration	Section Corporations	Registration Section Division of Corporations	
Clifton Build		P.O. Box 6327	
	ive Center Circle Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	■ \$30 Filing Fee &	\$55 Filing Fee &	■ \$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of limited liability company)
Wyoming (Jurisdiction of its organization)
M0700000288
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1612 E. Cape Coral Parkway (Mailing address)
Cape Coral, FL 33904
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Torstance M. Schwarberg Sec. Tigrest Inc., member (Typed or printed name of signee)

Filing Fee: \$25.00

