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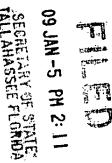
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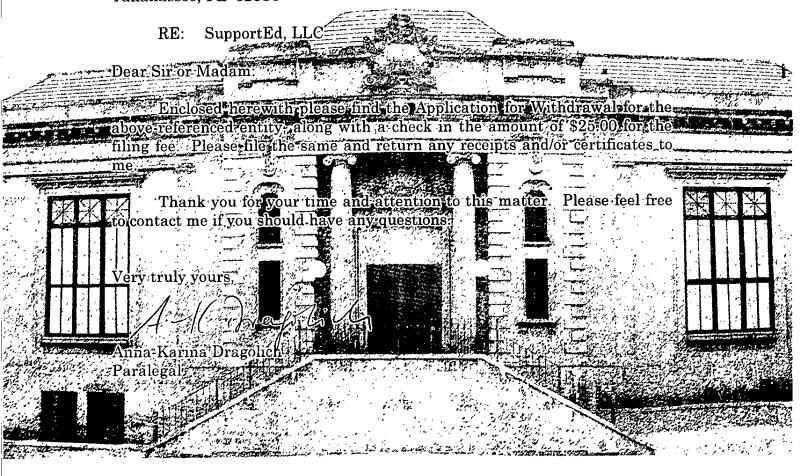
ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich

Phone: 330-253-5060 Fax: 330-253-1977 Email: akdragolich@bmdllc.com

December 30, 2008

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314



COVER LETTER

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| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: SupportEd, LLC |
| (Name of Foreign Limited Liability Company) |
| Dear Sir or Madam: |
| The enclosed withdrawal and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Anna Dragolich |
| (Name of Person) |
| Brennan, Manna & Diamond, LLC |
| (Firm/Company) |
| 75 East Market Street |
| (Address) |
| Akron, OH 44308 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Anna Dragolich at (330) 253-5060, Ext. 151 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 |
| 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

| SupportEd, LLC | |
|--|---|
| (Name of limited liability company) | |
| Nevada | |
| (Jurisdiction of its organization) | |
| This limited liability company is no longer transacting business in Florida authority to transact business in this state. | and surrenders its |
| This limited liability company revokes the authority of its registered agent t its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business in | o accept service on process based on a n Florida. |
| 159 S. Main Street, Suite 500 (Mailing address) | |
| Akron, OH 44308 (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in change in its mailing address. | the future of any |
| (Signature of member or authorized representative of a member) Joseph R. Weber (Typed or printed name of signee) | 09 JAN -5 PH 2: SECRETARY OF STA |

Filing Fee: \$25.00