

#M09000001827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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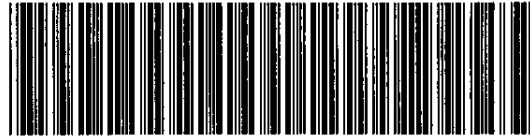
(Business Entity Name)

(Document Number)

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12 JAN -3 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 6 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL EDUCATIONAL SERVICES GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M09000001827

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:

MAGGIE HOPE

Name of Person

HIQ CORPORATE SERVICES, INC.

Name of Firm/Company

715 SAINT PAUL STREET

Address

BALTIMORE, MD 21202

City/State and Zip Code

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

For further information concerning this matter, please call:

MAGGIE HOPE

Name of Person

at ( 410 )

752-8030

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

FILED  
12 JAN -3 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

HIQ CORPORATE SERVICES, INC., hereby resigns as  
Name of Registered Agent

Registered Agent for PROFESSIONAL EDUCATIONAL SERVICES GROUP, LLC


Name of Limited Liability Company

M09000001827

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:

MAGGIE HOPE

Typed or Printed Name

ASSISTANT SECRETARY

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