Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000290746 3)))



H180002907463ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 : (888)692-9256 Fax Number

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT RESIGNATION SIMPLILEARN AMERICAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SIMPLILEARN AMERICAS LLC Name of Limited	Liability Company
DOCUMENT NUMBER: M12000001807	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
TRACEE COTTON	
Name of Person	
BLUMBERGEXCELSIOR CORPORATE SERV	/ICES,
Name of Firm/Company	
16 COURT ST 14TH FLOOR	
Address	<del></del>
BROOKLYN, NY 11241	
City/State and Zip Code	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, pleas	se call:
TRACEE COTTON 80	0 221-2972 X1550 ea Code Daytime Telephone Number
Name of Person Arc	ea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Derliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited lissolved, voluntarily dissolved or withdrawn limited
	STREET ADDRESS: Registration Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

INH\$17 (2/14)

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

-		5, Florida Statutes, the under	•	
BLUMBERGEXCE	ELSIOR CORPORA	ATE SERVICES, INC.	harahy racione ne	
	Name of Registered Ager	nt	, hereby resigns as	
Registered Agent for	SIMPLILEARN AM	ERICAS LLC		
<del></del>	Name of Lim	ited Liability Company		,
M12000001807				
Document N	lumber, if known	<del></del>		
A copy of this resignat	ion was mailed to the a	bove listed limited liability of	company at its last kno	wn address.
The agency is terminat	ed and the office discor	ntinued on the 31st day after	the date on which this	statement is file
	Leura t	to		18
	7	Signature of Resigning Agent		ο.
If signing on behalf of	an entity:		**	
	ZEINA HASSOU	N		-5 [
	Ту	rped or Printed Nume	·. ·	量う
ASSISTANT SECRETARY		بد		
		Capacity		8: 42
	FILING 3 \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	mpany I/ voluntarily dissolve y company	d/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314