

M1300000 4551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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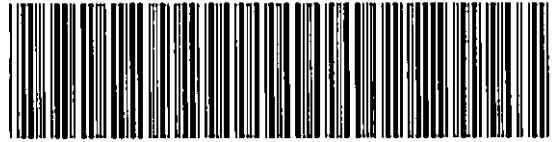
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 06 2018

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCHOOL IMPROVEMENT NETWORK, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000004551

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:

Invoice Team

Name of Person

COGENCY GLOBAL INC

Name of Firm/Company

850 New Burton Rd Suite 201

Address

Dover, De 19904

City/State and Zip Code

invoices@cogencyglobal.com

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

For further information concerning this matter, please call:

Invoice Team

866

621-3524

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

### STREET ADDRESS:

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

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2018 OCT -1 AM 11:37  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

COGENCY GLOBAL INC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for SCHOOL IMPROVEMENT NETWORK, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M13000004551

\_\_\_\_\_  
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.

*Krystal Beckner*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Krystal Beckner

\_\_\_\_\_  
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

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TALLAHASSEE, FL 32314