### MIHOCOUHITE

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #).
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
	<b>-</b>	

Office Use Only



100271962851

04/27/15--01029--023 \*\*25.00



1 SHOWERS MAY 0 1 2015

# To

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Rel	iant Academy, LLC		
	(Name of Fo	reign Limited Liability	y Company)
Dear Sir or Madar	n:		
The enclosed with	drawal and fee(s) are submitte	ed for filing.	
Please return all co	orrespondence concerning this	s matter to the following	ng:
E. Wright Day	ris		
	(Name of Person)		_
Reliant Acade	emy, LLC		
	(Firm/Company)		_
1334 Tampa	Rd. Suite 700		
	(Address)		<del></del>
Palm Harbor,	FL 34683		
	(City/State and Zip Coc	le)	_
For further informa	ation concerning this matter, p	olease call:	
James W Byr	d, Jr	770	500-7700
(	Name of Person)	(Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301		stration Section sion of Corporations Box 6327	
<b>2</b> \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## Jo:

#### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Reliant Acad	demy, LLC
	(Name of limited liability company)
Nevada	
	(Jurisdiction of its organization)
06/13/2014	
	(Date registered with Florida Department of State)
M14000004	178
	(Florida Document Number)
	(Signature of authorized representative)
	James W. Byrd, Jr.
	(Typed or printed name of signee)  RPR 27 MH 7: 55

Filing Fee: \$25.00