

MI10000004335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

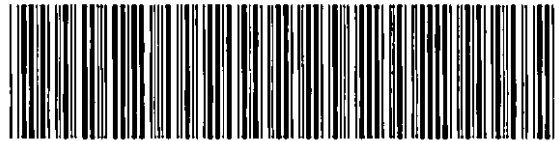
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

File 18+

Office Use Only



100327911871

FILED

2019 APR 22 A 3:10

FILED

FILED  
2019 APR 22 A 3:10  
FALLS CHURCH, VA  
FALLS CHURCH, VA

RECEIVED  
19 APR 22 AM 11:26

RECEIVED

4/23/19 OS

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 4/22/2019

Acc#I20160000072

*W: C D V*

Name:	EAW, LLC (EDUCATION@WORK, LLC)
Document #:	
Order #:	70823038 LINE 152

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>2019 JUN 22 A 3:10</div>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

THIS IS A 1 - 2 FILING

1. PLEASE PROCESS  
WITHDRAWAL

2. PLEASE PROCESS  
QUALIFICATION

TO AVOID NAME CONFLICT

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EDUCATION @ WORK, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ( )  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EDUCATION @ WORK, LLC

(Name of limited liability company)

OH

(Jurisdiction of its organization)

03/31/2017

(Date registered with Florida Department of State)

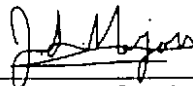
M17000004335

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Jinee Majors, Secretary

(Typed or printed name of signee)

2017 APR 22 A 3:11

FILED

Filing Fee: \$25.00