6/23/2020

Division of Corporations

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(((H20000192134 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 Fax Number

LLC DISSOLUTION OR WITHDRAWAL CENTNER ACADEMY MANAGEMENT SERVICES, LLC

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JUN 24 2020

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	COVER LETTER	æ;	 , –
gistration Section islon of Corporations			

		Section Corporations		
SUBJECT:	Centre	er Academy Management	Services, LLC	
SUBJECT:		(Name of Fore	ign Limited Liability	Company)
Dear Sir or M	Madam.			
The enclosed	l withdra	awal and fee(s) are submittee	l for filing	
Please return	all corr	espondence concerning this	matter to the following	g:
Leanne Ac	ton			
		(Name of Peison)		_
Vesta VFO)			
		(Fum/Company)		_
1600 N. Be	ethleher	m Pike		
		(Address)		-
Lower Gwy	ynedd, 1	PA 19002		_
	_	(City/State and Zip Code	:)	
For further i	nformati	ion concerning this matter, p	lease call:	
Leanne Ac	eton		215 at (266 8787
	(N	ame of Person)	(Area Code S)& Daytime Telephone Number)
Re Di P.0	vision O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check	for the following amount:		
□\$25 Filin	ig Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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2020 JUL 23 AM 11:55

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Centner Academy Management Service	es, LLC
(Nar	ne of limited liability company)
Delaware	
(Ji	risdiction of its organization)
9/10/2018	
(Date regist	ered with Florida Department of State)
M18000008263	
(Florida Document Number)
This limited liability company is wit	thdrawing its certificate of authority in this state.
more than 90 days after filing.) Note: If the date inserted in this blot this date will not be listed as the doc	e must be specific and cannot be prior to date of filing or ck does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.
Leanne A	cton
(Sign	ature of authorized representative)
Leanne Acton	
(1	yped or printed name of signee)

Filing Fee: \$25.00