

M200000009089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

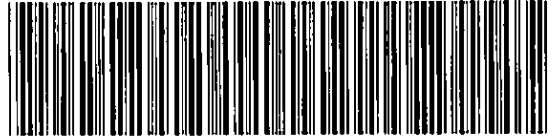
(Business Entity Name)

(Document Number)

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

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2020 OCT 22 PM 2:25

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2020 OCT 22 AM 10:11

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

OCT 22 2020

RECEIVED

2020 OCT 22 PM 2:09

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 465685 4324340

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2020

ORDER TIME : 12:49 PM

ORDER NO. : 465685-005

CUSTOMER NO: 4324340

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: BERT RODGERS SCHOOLS OF RE,  
LLC

*Withdrawal*

Please file the attached registration, of the fictitious name  
shown above and return the document(s) indicated below:

☐ Certified Copy  
☒ Plain Stamped Copy  
☐ Certificate of Status

CONTACT PERSON: Amanda Robinson - Ext. 62968

EXAMINER'S INITIALS: \_\_\_\_\_

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 465685 4324340

AUTHORIZATION :

*Lyndee Coleman*

COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2020

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☐ Certificate of Status

CONTACT PERSON: Amanda Robinson - Ext. 62968

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bert Rodgers Schools of Real Estate, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M20000009089  
\_\_\_\_\_

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Seavy  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

Finn Dixon & Herling, LLP  
\_\_\_\_\_

\_\_\_\_\_  
(Firm/Company)

Six Landmark Square  
\_\_\_\_\_

\_\_\_\_\_  
(Address)

Stamford, CT 06901  
\_\_\_\_\_

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Seavy  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

at ( 203 ) 355-3844  
(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

Bert Rodgers Schools of Real Estate, LLC

\_\_\_\_\_, a limited liability  
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware

\_\_\_\_\_  
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Bert Rodgers Schools of RE, LLC

\_\_\_\_\_  
(Alternate Name Renounced in State of Florida)

  
\_\_\_\_\_  
Signature of Authorized Person

10/21/2020  
\_\_\_\_\_  
Date

**Make check payable to Florida Department of State and mail to:**

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

2020 OCT 22 AM 10:11  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

**FILED**