

N030000000805

Florida Department of State
Division of Corporations
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To:

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 Fax Number : (850) 205-0380

From:

Account Name : MCCAFFREY, P.A.
 Account Number : I20030000016
 Phone : (239) 398-4777
 Fax Number : (239) 649-0047

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

GULF COAST SERVICES ACADEMY, INC.

RECEIVED

03 DEC 31 AM 10:54

DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulf Coast Services Academy, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO30000000805

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith E. McCaffrey
(Name of Person)

McCaffrey, P.A.
(Name of Firm/Company)

568 9th Street South, Suite 255
(Address)

Naples FL 34102-8620
(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH E. McCaffrey at (239) 649-8178
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Judith E. McCaffrey
(Name of Registered Agent)

hereby resigns as Registered Agent for Gulf Coast Services Academy, Inc.
(Name of Corporation)

N03000000805

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314