## N0900008240

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500291363275

10/20/16--01021--003 \*\*87.50



RARCS

OCT 21 2016

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Advantage Academy of Palm Beach, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N09000008240

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:

Michael G. Strader

(Name of Person)

Advantage Academy of Palm Beach, Inc.

(Name of Firm/Company)

12524 W Atlantic Blvd.

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael G. Strader

...954 \ .414-576

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Mailing Address:** 

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, o	r 617.15	509,	
Florida Statutes, the undersigned,	Michael G. Strader			
	(Name of Registered Agent)			
hereby resigns as Registered Agent	for Advantage Academy of Palm	n Bea	ch, lı	nc.
noted resigns as registered right.	(Name of Corporation)			
N09000008240				
(Document Number, if known)				
A copy of this resignation was mail	ed to the above listed corporation at its las	st know	n addr	ess.
The agency is terminated and the of	fice discontinued on the 31st day after the	date or	ı whic	:h
this statement is filed.	(Signature of Resigning Agent)			
If signing on behalf of an entity:				
3	(Typed or Printed Name)  (Capacity)	SECRETAL STATE	2016 OCT 20 AM 10: 01	
	<b></b>	VOT.	10:	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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