

1009000012185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

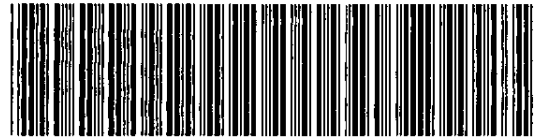
(Business Entity Name)

(Document Number)

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5/12/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ADOPTION LEARNING CONNECTION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N09000012185

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:

Rhonda Maybin

(Name of Person)

Capitol Services Registered Agent Department

(Name of Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, Texas 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Maybin

(Name of Person)

at (800) 345-4647

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for THE ADOPTION LEARNING CONNECTION, INC.,
(Name of Corporation)

N09000012185

(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.

Cheryl Roberts
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Roberts

(Typed or Printed Name)

President

(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withdrawn corporation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**

11 MAY -3 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Name of Person)

Capitol Services Registered Agent Department

(Name of Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, Texas 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

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(Name of Person)

at (800) 345-4647

(Area Code & Daytime Telephone Number)

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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

Return acknowledgment to:



Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647 *Rhonda Maybin*

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Capitol Corporate Services, Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for THE ADOPTION LEARNING CONNECTION, INC.,
(Name of Corporation)

N09000012185

(Document Number, if known)

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this statement is filed.

Cheryl Roberts
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Roberts

(Typed or Printed Name)

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Fee for filing this document:

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P.O. Box 6327
Tallahassee, FL 32314

11 MAY - 3 24:11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CAPITOL
SERVICES**

**Resignation of Registered Agent and
Office**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 4/28/2011
STATE: FLORIDA
REP UNIT: THE ADOPTION LEARNING
CONNECTION, INC.

Enclosed for filing please find a Resignation of Registered Agent and Office for the above referenced name, which is to be filed in your office. Enclosed is check # 21535 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-14037E