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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE

COVER LETTER

DOCUMENT NUMBER: P01000066828 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DEBRA JONES (Name of Person) BOOKKEEPING & TAX SERVICE (Name of Firm/Company) 1815 W 15TH STREET, SUITE #12 (Address)	SUBJECT: THE LEARNING FACTORY, INC. (Name of Corpo	oration)	<u> </u>	ė ė	المتحاد والمحروطي الح
Please return all correspondence concerning this matter to the following: DEBRA JONES (Name of Person) BOOKKEEPING & TAX SERVICE (Name of Firm/Company) 1815 W 15TH STREET, SUITE #12	DOCUMENT NUMBER: P01000066828	· <u>·</u> ···-			
DEBRA JONES (Name of Person) BOOKKEEPING & TAX SERVICE (Name of Firm/Company) 1815 W 15TH STREET, SUITE #12	The enclosed Officer/Director Resignation for a Corporation	on and fee are su	abmitted for filing	•	
(Name of Person) BOOKKEEPING & TAX SERVICE (Name of Firm/Company) 1815 W 15TH STREET, SUITE #12	Please return all correspondence concerning this matter to	the following:			
BOOKKEEPING & TAX SERVICE (Name of Firm/Company) 1815 W 15TH STREET, SUITE #12	DEBRA JONES				
(Name of Firm/Company) 1815 W 15TH STREET, SUITE #12	(Name of Person)	<u> </u>			residence of the second
		-			والمراجعين والمجارة
	1815 W 15TH STREET, SUITE #12 (Address)	***			- السياسانيان
PANAMA CITY, FL 32401 (City/State and Zip Code)	(City/State and Zip Code)				in and the second
For further information concerning this matter, please call:	For further information concerning this matter, please call:				
DEBRA JONES at (850) 872-0169 (Name of Person) (Area Code & Daytime Telephone Number)	DEBRA JONES at (850 (Area Coo) 872-0169 de & Daytime Te	lephone Number)		

Please See: Attachments

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GLENDA CUNNINGHAM	, hereby resign as PRESIDENT
	(Title)
of THE LEARNING FACTORY, INC.	O6 XC
(Name of Corporati	n)
P0100066828 , a corpo	ation organized under the laws of the State of
FLORIDA	STATE LORID

(Signature of resigning officer/director) Curningham

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314