

P04000157312

(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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11/28/05--01005--016 **312.50

Resignation
of
RA

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

05 NOV 28 AM 9:52

RECEIVED

FILED
05 NOV 28 PM 4:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

11/28/05

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Consumer Credit Educators

Art of Inc. File _____

LTD Partnership File 35.00

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

☒ RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

Signature _____

Requested by: SW

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
05 NOV 28 PM 4:29
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, Capital Connection, Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for CONSUMER CREDIT EDUCATORS, INC.
(Name of Corporation)

P04000157312
(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.

Leilani White
(Signature of Resigning Agent)

If signing on behalf of an entity:

Leilani White
(Typed or Printed Name)

Registered Agent Coordinator
(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withdrawn corporation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