3000/487

. (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:
	Office Use Onl	y and



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12/03/09--01017--004 **87.50

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MOLTI LINGUA INTELNATIONAL LANGUAGE CENTER, INC (Name of Corporation) DOCUMENT NUMBER: PORONO 14877
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:
TIMOTHY V. RANDOLPH (Name of Person)
(Name of Firm/Company)
1110 SW TVANHOE BOULEVARD STEDZ.
ORLANDO FL 3 2804 (City/State and Zip Code)
For further information concerning this matter, please call:
TIMOTHY V. RANDOLAH at (407) 947-7330 (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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

PAID CK # 1019 11-20-09 • ئىسىمىڭ •

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned, TIMOTH KANDOL (Name of Registered Agent)	911
hereby resigns as Registered Agent for MULTI LINGUA TWIE	DENATIONAL LAWGUA CENTER, II
(Document Number, if known)	CENTEX, 4)
A copy of this resignation was mailed to the above listed corporation at its last kn	nown address.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which
(Signature of Resigning Agent) If signing on behalf of an entity:	
(Typed or Printed Name)	2009 DEC
(Typed of Timed Tumo)	ARY ARY
(Capacity)	PM IZ: 46

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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