

P14 0000 30541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

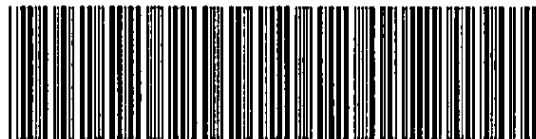
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12/13/21

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11/08/21--01036--016 \*\*25.00

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FILED  
2021 DEC 13 PM 6:50  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 DE 13 PM 12:52

December 2, 2021

RHONDA BONACQUISTI  
615 CAPE CORAL PKWY WEST  
SUITE 205  
CAPE CORAL, FL 33914

SUBJECT: FLEXIBLE CLASSES ON DEMAND INC  
Ref. Number: P14000030541

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 721A00028982

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Flexible Classes on Demand  
(Name of Corporation)

DOCUMENT NUMBER: P14000030541 - Reference Number

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Bonacquisti  
(Name of Person)

Flexible Classes on Demand  
(Name of Firm/Company)

615 Cape Coral Pkwy W. Suite 205  
(Address)

Cape Coral, FL 33914  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Bonacquisti at ( 239 ) 851-6040  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

FILED

2021 DEC 13 PM 6:50

SECRETARY OF STATE  
TALLAHASSEE FL

I, Anthony Bonagquisti, hereby resign as V.P. (Title)

of Flexible Classes on Demand (Name of Corporation)

P14000030541, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

X Anthony F. Bonagquisti  
(Signature of resigning officer/director)

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