P21000097248

(Requestor's Name)	
(Address)	—
·	
(Addison)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
<u></u>	
Special Instructions to Filing Officer:	
Q. SILAS	
Alexander (
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Office Use Only



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2021 DEC 13 PH 1: 49

COVER LETTER

Division of Corporations	
SUBJECT: RON LOUCHART LEARNING CENTER CORP.	
(Name of Corporation)	
DOCUMENT NUMBER: P21000097248	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	iling.
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
(Name of Person)	
Legalzoom.com, Inc.	
(Name of Firm/Company)	
9900 Spectrum Dr.	
(Address)	
Austin, TX 78717	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
at (800 773-0888	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2021 DEC 13 PM 1: 49

	SEUKELIKATA
Pursuant to the provisions of sections 607.0502	2(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned. United St	
riorida statutes, the undersigned.	(Name of Registered Agent)
hereby resigns as Registered Agent for RON L	OUCHART LEARNING CENTER CORP.
netery resigns as registered Agent for	(Name of Corporation)
P21000097248	
(Document Number, if known)	
A copy of this resignation was mailed to the ab	ove listed corporation at its last known address.
The agency is terminated and the office discont this statement is filed. (Signature of the agency is terminated and the office discont the agency is terminated and the office discontant the agency is agency in a agency is agen	f Resigning Agent)
If signing on behalf of an entity:	
Cheyenne Moseley	Printed Name)
(Typed or	t timed (Name)
Asst. Secretary for United S	States Corporation Agents, Inc.
(C	apacity)

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