93000054002

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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R.A. Resignation
TB 7/28/86

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: SOUTHBURY LEARNING CENTER (Name of Corporation)
DOC	UMENT NUMBER: P93000054002
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Eliza	abeth M. Stehler
	(Name of Person)
Hart	ter Secrest & Emery LLP
	(Name of Firm/Company)
1600	0 Bausch & Lomb Place
	(Address)
Roc	hester, New York 14604-2711
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Eliza	abeth M. Stehler at (at (585)231-1413
	(Name of Person) (Area Code & Daytime Telephone Number)
	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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A.
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, lorida Statutes, the undersigned, (Name of Registered Agent)
ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
lorida Statutes, the undersigned, Timothy R. Parry (Name of Registered Agent)
ereby resigns as Registered Agent for SOUTHBURY LEARNING CENTER, INC. (Name of Corporation)
P9300054002
(Document Number, if known)
copy of this resignation was mailed to the above listed corporation at its last known address.
he agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.
(Signature of Resigning Agent)
signing on behalf of an entity:
(Typed or Printed Name)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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