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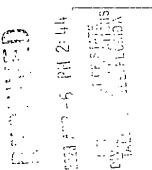
From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number : 076077002775 Phone : (407)760-4670 Fax Number : (321)379-7978

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LLC REGISTERED AGENT RESIGNATION ORLANDOFEST, LLC

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T. LEMIEUX

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011.	5. Florida Statutes, the undersig	gned,		
WHWW, INC.		h	ereby resigns as		
	Name of Registered Age	nt	ercoy resigns as		
Registered Agent for	ORLANDOFEST, LLC				
	Name of Lim	ited Liability Company	•		
L10000078373					
Document	Number, if known				
A copy of this resigna	tion was mailed to the a	bove listed limited liability cor	npany at its last kr	ıown addn	ess.
The agency is termina	nted and the office disco	ntinued on the 31st day after th	e date on which th	is statemer	nt is filed.
	Debbie Frick	,			
	D1124186480C410	Signature of Resigning Agent			
If signing on behalf of	f an entity:				
	Deborah Fricke				
	T	yped or Printed Name			
	Vice President				
		Capacity			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	voluntarily dissolution	ved/	2023 Aco -
	Make checks payab	le to Florida Department of Sta Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	te and mail to:		6 PH 3:30