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Account Number : 073222003555 Phone : (561)686-3307

Fax Number : (561) 471-0894

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## LLC REGISTERED AGENT RESIGNATION WE WORK TO PLAY II, LLC

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Electronic Filing Menu

Corporate Filing Menu

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 608.416(2) or 608.509, 1	Florida Statutes, die undersigned,	AY 20 AHAS:
J. Çliffo	nd Curley	, hereby resigns as	SEE OF THE
Name of Re	patered Agent		ES
Registered Agent for	We Worl	k to Play II, LLC	OF STATE
1	Name of Limited Liability Com	ibach	
L04000023074			
Document Number, if know	<u> </u>		
A copy of this resignation was mail	ed to the above listed limi	ted liability company at its lest kno	own address.
The agency is terminated and the of	Hise discontinued on the 3	lst day after the date on which this	statement is filed.
-5	Chiffiel of Res	genting Agent	
If signing on behalf of an entity:		/	
	J. Clifford Curl	lev '	
<del></del>	Typed or Printed Na		
manb	or We Work to Al		

### STATES STATE

Make checks payable to Finrida Department of State and mail to:
Division of Curporations
P.O. Box 6327
Tallabassee, FL 32314