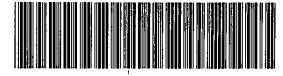
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D. BRUCE

OCT 26 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WORLD EVENTS LLC		
(Name of Lin	mited Liability Co	ompany)
The enclosed member, managing member of filing.	or manager resi	ignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to	:
Wilfredo Pabon		
(Contact Person)		
World Events LLC		TALL.
(Firm/Company)		OCT 25 CRETAR LAHASS
1001 Chatham Break Street		يكسور محاق
(Address)		OF STATE
Orlando, FL)RIDA
(City/State and Zip Code)		
For further information concerning this mat	tter, please call	l:
Wilfredo Pabon	321	946-3510
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company as rld Events LLC	s it appears on the records of t	the Florida Department			
2. This limited lial Florida	bility company was organized	d under the laws of:				
3. The Florida doc L090000819		f this limited liability compan	ny is:			
4. I, Alberto Melenez		, hereby resign as a	, hereby resign as a Managing Member (Print Title)			
	ability company and affirm th	e limited liability company h				
))(^		11 C 3EC;			
Signature of Res	igning Member, Managing M	1ember or Manager	FIL OCT 25 CRETARY AHASSEE			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MIII: 50 OF STAI			