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TO:

133336358

10/30/2031 23:17 FAL

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC Account Number : 120070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

THE LAW OFFICES OF NICK SPRADLIN, PLLC _, hereby resigns as

Name of Registered Agent

Registered Agent for ____

SPECIAL EVENTS MARKETING 2012, LLC

Name of Limited Liability Company

L1200()039456

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing in behalf of an entity:	Signature of Resigning Agent	1			
NICKOLAS	S J. SPRADLIN	2013 OCT SECRET TALLAH			
	Typed or Printed Name				
CEO		T 22 HASS			
FILIN \$ 85.0 \$ 25.0	Capacity <u>NG FEES:</u> 10 Active limited liability company 10 Administratively dissolved/ voluntarily of withdrawn limited liability company	AM 7:51 Y OF ITATE	TO		
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					

INHS17 (03/05)