L12000054656

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	f)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates o	of Status
Special Instructions to Filing Officer:	



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06/06/12--01017--014 **85.00

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B. KOHR Jun 1 2 2012

Office Use Only

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.4	416(2) or 608.509, Flo	orida Statutes, the undersig	gned,
Jo Ann	Schadt Name of Registered		, hereby resigns	as
Registered Agent for	242	Entertain	ment + Enter	orkes LCC
	Name of	Limited Liability Compa	ny	.,
	4 (0 5 (0 umber, if known			
A copy of this resignation	on was mailed to t	he above listed limited	d liability company at its l	ast known address.
The agency is terminate	d and the office di	iscontinued on the 31s	st day after the date on wh	ich this statement is filed.
		A Signature of Resign	ning Agent	西里里
If signing on behalf of a	un entity:	,		N-6 38
		Typed or Printed Name	;	9H 3: 0

FILING FEES:

85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Capacity