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

SUBJECT: PROMOTIONAL ENTERPRISES LLC Name of Limited Liability Company DOCUMENT NUMBER: L12000140247 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee at for filing. Please return all correspondence concerning this matter to the following: Registered Agent Department Name of Person Business Filings Incorporated Name of Firm/Company 8020 Excelsior Drive Suite 200 Address Madison, WI 53717 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenna Lutter

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdra liability company.

MAILING ADDRESS:

Name of Person

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED A FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the unde	rsigned.		
Business Filings Incorporated here			. hereby resig	reby resigns as	
	Name of Registered Age	nt	,	B. 1.7	
Registered Agent for P	ROMOTIONAL E	NTERPRISES LLC			
	Nome of Lin	nited Liability Company			
	Name of Lin	med Labinty Company			
L12000140247					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at i	its last kı	nown a
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on	which th	nis stat
	Benra	Signature of Resigning Agent			
If signing on behalf of a	in entity:				2819 001 -9
	Brenna Lutter			₹"	8
	τ	'yped or Printed Name		77.5	1
	Asst Secretary f	or Business Filings Inc	orporated	123 A.S.	
Capacity				- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TD.
				9.3	(4). (4).
				(A)	100
	FILING	FEES:			
	\$ 85.00 \$ 25.00	Active limited liability e Administratively dissolv withdrawn limited liabil	ompany ed/ voluntari ity company	ly dissol	lved/

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