

02/05/2014 17:08 FAX 4074 1831

DEAN MEAD ORLANDO

001

Division of Corporations

L13000104690

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000029431 3)))



H14000029431 3ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (650) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPCUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
ELEVATION EVENTS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$85.00 |

CHE

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

14 FEB -6 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB -6 AM 9:58

FILED

(((H14000029431 3)))

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DEAN MEAD SERVICES, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for **ELEVATION EVENTS LLC**

Name of Limited Liability Company

L13000104690

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.

Signature of Resigning Agent

If signing on behalf of an entity:

DEAN MEAD SERVICES, LLCBy: **Charles H. Egerton**

Typed or Printed Name

Vice President

Capacity

FILING FEES:

| | |
|----------|--|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company |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

INHS17 (12/13)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB -6 AM 9:58

FILED

(((H14000029431 3)))