L14000164449

	questor's Name)	
(Ad	dress)	
·	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Business Entity Name)		
(Document Number)		
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Special Instructions to	Filing Officer:	
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dellina

COVER LETTER

Division of Corporations	
SUBJECT: WISE JOEY ENTERTAINMENT, LLC	>
Name of Limited L	iability Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matter	er to the following:
Amanda Archambault	
Name of Person	
National Corporate Research	
Name of Firm/Company	
850 New Burton Rd Suite 200	
Address	—— SEC 16
Dover, DE 19904	AUG 30 AUG 30 AUG 30
City/State and Zip Code	HASSES, F
aarchambault@nationalcorp.com	ation) Constitution of the
E-mail address: (to be used for future annual report notification)	ation) SE SE
For further information concerning this matter, please	call:
Amanda Archambault 866)
Name of Person Area	Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida S	Statutes, the undersigned,
National Corporate Research	, hereby resigns as
Name of Registered Agent	
Registered Agent for WISE JOEY ENTERTAINM	ENT, LLC
Name of Limited Liability	Company
L14000164449	•
Document Number, if known	
A copy of this resignation was mailed to the above listed	I 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
\mathcal{N}_{1}	D. Day Sent Sent Sent Sent Sent Sent Sent Sent
If signing on behalf of an entity:	
Brooke Daugherty-Hayes	FILE WASSEL
Typed or Print	led Name
Assistant Secretary	
Capacity	led Name FIGURE 1000

FILING FEES: \$ 85.00 Active \$ 25.00 Admi 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