

L14000174916

(Requestor's Name)

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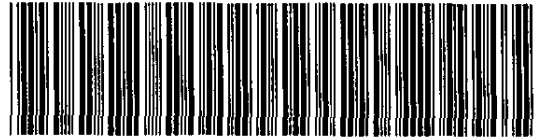
(Business Entity Name)

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S. WARREN

AUG 16 2017

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

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

Lois A. Kessler _____, hereby resigns as
Name of Registered Agent

Registered Agent for KEN SPIVEY PRESENTS, LLC

Name of Limited Liability Company

L14000174916

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.

Lois A. Kessler
Signature of Resigning Agent

If signing on behalf of an entity:

LOIS A. KESSLER
Typed or Printed Name
CFO
Capacity

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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