

Oct. 1, 2016 8:14AM  
Division of Corporations

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# L15000064939

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 246-8678  
Fax Number : (407) 645-3728

**\*\*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  
THE PERFECT GOLF GRIP, LLC**

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

FILED  
18 OCT - 1 AM 12:00  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2018 OCT - 1 AM 9:58

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

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

WHWW, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for THE PERFECT GOLF GRIP, LLC

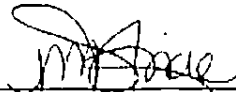
Name of Limited Liability Company

L15000064939

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:

DEBORAH FRICKE

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withdrawn limited liability company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