## 46000032859

(Requestor's Name)
(Address)
(Address)
(C) - (C) (C) (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

WGY ENTERTAINMENT LLC SUBJECT:	
Name of Limited Lia	ability Company
DOCUMENT NUMBER: L16000032859	
The enclosed Resignation of Registered Agent for a Lifor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	r to the following:
TIFFAY GONZALEZ	
Name of Person	<del></del>
ACCOUNTING TO SCALE	
Name of Firm/Company	<del></del>
8055 CORAL WAY	
Address	<del></del>
MIAMI, FL 33155	
City/State and Zip Code	<del></del>
Luiz@wgylifestyle.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please of	call:
TIFFANY GONZALEZ 786	<b>\942.9327</b>
Name of Person Area	942.9327 Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depar liability company or \$25.00 for an administratively diss liability company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: ST	TREET ADDRESS:
	egistration Section
<u> </u>	vision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the provision	ons of section 605.011	15, Florida Statutes, the un	idersigned,				
Name of Registered Agent			, hereby resigns as	, hereby resigns as			
Registered Agent for	VGY ENTERTAIN	MENT LLC		<u></u>		_	
	Name of Lir	nited Liability Company		<del></del>		_,	
L16000032859							
Document N	umber, if known	<del></del>					
A copy of this resignati	ion was mailed to the	above listed limited liabili	ity company at its last	known a	ddress	•	
The agency is terminate	ed and the office disco	rignature of Resigning Ager		this state		is filed.	
If signing on behalf of	an entity:	T		Z	19 OC		
	TIFFANY GONZ	ZALEZ		35.77 1		11	
		Typed or Printed Name	<del></del>	57.	-2	i ·	
	CEO				<u>&gt;=</u>	T)	
		Capacity			8: 47		
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	lved/ voluntarily diss	olved/			