

**L 1600003888**

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 : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

**\*\*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  
IECENTER INTERNATIONAL EXPERIENCE CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
OCT 17 PM 3:39  
STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE  
FLORIDA

4230003628793

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

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

AGENTS AND CORPORATIONS, INC.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

IECENTER INTERNATIONAL EXPERIENCE CENTER LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000055888

\_\_\_\_\_  
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.

By: 

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

JOHN L. WILLIAMS

\_\_\_\_\_  
Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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