L16000159480

(Re	questor's Name)
(Ad	dress)
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(Cit	y/State/Zip/Phone #)
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FILED
Dec 04, 2017 08:00 AM
Secretary of State

Division of Corporations

SUBJECT: Entertainment Architect A	gency LLC.	
(Name of L	imited Liability C	ompany)
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
Karin Carriel		
(Contact Person)		
Entertainment Architect Agency LLC		
(Firm/Company)		
80 Diamondhead Dr. S		
(Address)		
Pinehurst, NC 28374		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	:
Karin Carriel	910	379-7455
(Name of Contact Person)	at ((Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable and \$25 Filing Fee	to the Florida I	Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

FILED

Dec 04, 2017 08:00 AM

Secretary of State

The name of the limited liability company as it appears on the records of the Florida Department Entertainment Architect Agency LLC. of State is:				
2. The Florida document/registration number assigned to this limited liability company is: L16000159480				
JEVEN N	/AGNER	gned or will withdraw/resign is:		
4. 1, (Print) AMBR - Auth	Name of Person Resigning) Orized Member	, hereby withdraw/resign as a		
	(Print Title)			
even	issociating Member or Resign	limited liability company has been notified of my		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (2/14)