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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT RESIGNATION PROVENANCE VENTURES, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
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155121-04-2

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

| Pursuant to the provision | ons of section 605.0115, Florida Statutes, the undersigned,     |                                         |  |
|---------------------------|-----------------------------------------------------------------|-----------------------------------------|--|
| eResidentAgent, Inc.      | , hereby resigns as                                             |                                         |  |
|                           | Name of Registered Agent                                        | ~                                       |  |
| Registered Agent for      | Provenance Ventures, LLC                                        |                                         |  |
|                           | Name of Limited Liability Company                               | *************************************** |  |
| L16000198353              |                                                                 |                                         |  |
| Document 1                | Number, if known                                                |                                         |  |
| A copy of this resignat   | tion was mailed to the above listed limited liability company a | t its last known address.               |  |
| The agency is terminal    | Signature of Resigning Agent                                    | on which this statement is filed.       |  |
| If signing on behalf of   | an entity:                                                      | R 2                                     |  |
|                           | Jeffrey Unger                                                   | ·                                       |  |
|                           | Typed or Printed Name                                           | 7                                       |  |
|                           | President                                                       | AH 10: 0                                |  |
|                           | 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