

Division of Corporations Electronic Filing Cover Sheet

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To:	Odvieton of C	nnanations	TACE BE
	Division of C	•	
	Fax Number	: (850)617-6383	A PA
From:			王
	Account Name	: M. FAEHNER, ESQ. LLC	10 x -
	Account Numbe	r : I2017 000 0081	S -
	Phone	: (727)443-5190	
	Fax Number	: (727)474-9949	-n-1 U
			<u> </u>
**En	ter the email ad annual report m	dress for this business entity to be callings. Enter only one email address	used for future

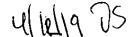
LLC REGISTERED AGENT RESIGNATION SOUTHEAST CONSUMER EXPO'S LLC

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Electronic Filing Menu

Corporate Filing Menu

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TO: Registration Section

COVER LETTER

Division of Corporations			
SUBJECT: SOUTHEAST CONSUMER EXPO'S LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L17000091157			
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company a	nd fee are su	bmitted
Please return all correspondence concerning this matter to the	ne following:		
MICHAEL J. FAEHNER			
Name of Person	-		
M. FAEHNER, ESQ. LLC			
Name of Firm/Company	-	291 TAL	
600 BYPASS DR STE 100	2919 APR 1.1 TALLAHASSE	* E	
Address	-	ASS.	
CLEARWATER FL 33764		F-7	
City/State and Zip Code	•		
FILINGS@MFAEHNER.COM		21712 31712 8172 8173	
E-mail address: (to be used for future annual report notification)	•	<u> </u>	
For further information concerning this matter, please call:			
THOMAS CAMPBELL 727 Name of Person Area Code	443-5190 X102		
Name of Person Area Code	Daytime Telephone N	Jumber	
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 fi d, voluntarily dissolve	or an active I ed or withdra	imited wn limited

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.01	15, Piorida Statutes, the unde	ersignea,	
M. FAEHNER, ESQ. LLC			, hereby resigns as	
	Name of Registered Age	ent		
Registered Agent for So	DUTHEAST COI	NSUMER EXPO'S LLC		_
	Name of Lit	mited Liability Company		1
L17000091157				
Document Nu	mber, if known			
			y company at its last known address.	4 4
The agency is terminated	and the office disc	Signature of Resigning Agent	er the date on which this statement i	is filed.
If signing on behalf of a	n entity:		CRIDE CRIDE	
	MICHAEL J. FA	AEHNER	DC 0	
		Typed or Printed Name		
	MANAGER			
		Capacity		

FILING FEES:

\$ 85.00
Active limited liability company
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