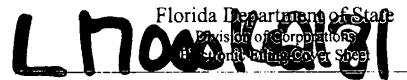
1/12/2021

Division of Corporations



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	Account Number : 076077001702 Phone : (407)841-1200		JAN LA
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2021 JAN	LLC REGISTERED AGE	NT RESIGNATION	
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of acction 605.0115	, Florida Statutes, the under	signed,		
Dean Mead Service	s, LLC		, hereby resigns as		
	Name of Registered Agent				
Registered Agent for					
Experimental Event	Solutions, LLC				
*	Name of Limi	ted Liability Company			
L17000162181					
Document Nu	mber, if known	_			
A copy of this resignatio	n was mailed to the a	bove listed limited liability of	company at its last known addr	ess.	
If signing on behalf of a	n entity:	Signature of Resigning Agent	? 		
	Thomas P. Wert				
		yped or Printed Name		2	
	Vice President o			021	
	FILING 3 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabili	00 E	•	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Taliahassec, FL 32314

INHS17 (2/14)