

1/12/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H21000015743 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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

Email Address: _____

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2021 JAN 12 PM 4:46

SECRET
TALLAHASSEE, FL

2021 JAN 12 AM 9:12

FILED

LLC REGISTERED AGENT RESIGNATION

EXPERIMENTAL EVENT SOLUTIONS, LLC

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

JAN 13 2021
C. Kinsey

Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Dean Mead Services, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for

Experimental Event Solutions, LLC

Name of Limited Liability Company

L17000162181

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Thomas P. Wert

Typed or Printed Name

Vice President of Sole Member

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2021 JAN 12 AM 9:12
TALLAHASSEE, FL

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

INHS17 (2/14)

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