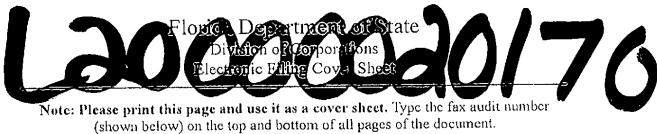
11/16/21, 4:00 PM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

**Ent	er the	email	address	for	this	busin	ess	entity	to	ре	used	for	future
<u>_</u> =	annual	l report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

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#### LLC REGISTERED AGENT RESIGNATION TEN EVENTS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

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# H210004239253

TO: Registration Section Division of Corporations

TEN EVENTS GROUP LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000020170	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Amanda Archambault	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
klook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	) 531-0703 Daytime Telephone Number
Name of Person Area Code	1 Myrithe 1 Clopitone 1400000

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### 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

### H210004239253

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

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the un	dersigned,
Incorporating Service	es, Ltd.		, hereby resigns as
	Name of Registered Agen	ıt	
Registered Agent for TE	EN EVENTS GRO	OUP LLC	
	Name of Lim	ited Liability Company	
L20000020170			
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the a	above listed limited liabil	ity company at its last known address.
			after the date on which this statement is filed
	Amarad	Oa Byllow Signature of Resigning Age	mbault
If signing on behalf of a	n entity:		
	Am	anda Archambault	
	1	Typed or Printed Name	
	As	sistant Secretary	
		Capacity	0
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	sy company olved/ voluntarily dissolved/ A D D D D D D D D D D D D D D D D D D