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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please $\stackrel{}{\longrightarrow}$ $\stackrel{:}{\bigcirc}$

-Email Address:_____

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LLC REGISTERED AGENT RESIGNATION WYSEFI ENTERPRISE LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605,0115, Fl	orida Statutes, the undersigned,	
REGISTERED AGENTS, INC.	, hereby resigns as	
Name of Registered Agent	, hereby resigns as	
Registered Agent for WYSEFI ENTERP	RISE LLC	
		
Name of Limited I	Liability Company	→'
L21000306218		
Document Number, if known	-	
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address	; <u>.</u>
The agency is terminated and the office discontinu	ued on the 31st day after the date on which this statement	is filed.
<i>5</i>	•	
	Machine Soft Resigning Agent	
If signing on behalf of an entity:	£	· es
Da	vid Roberts or Printed Name stant Secretary	
	or Printed Name	77
Assis	tant Secretary	
C		
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FILING FEE	AH 12: 09	
\$ 85.00 Ac \$ 25.00 Ac	ctive limited liability company dministratively dissolved/ voluntarily dissolved/ ithdrawn limited liability company	⊗ .
W	ithdrawn limited liability company	Q.

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

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