L23000192316

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

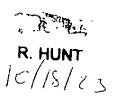
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COVER LETTER

MWR ENTERTAINMENT LLC SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L23000192316		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted	l
Please return all correspondence concerning this matter to the	ne following:	
Stacy McCland		
Name of Person		
McCland Law, PA		
Name of Firm/Company		
241 Ruby Ave Suite C	2023 OCT 18	POSIAIA
Address	0C1	57.
Kissimmee, FL 34741		0F C0
City/State and Zip Code	P	CORFOR
clientrelations@mcclandlaw.com	PM 12: 40	
E-mail address: (to be used for future annual report notification)	0	
For further information concerning this matter, please call:		
Stacy McCland 321	766-9030	
Name of Person Area Code	Daytime Telephone Number	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	ns of section 605.0115, Florida Statutes, the undersigned,	
Walescca Rivera	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for MV	VR ENTERTAINMENT LLC	
-		
	Name of Limited Liability Company	,
L23000192316		
Document Nur	mber, if known	
A copy of this resignatio	n was mailed to the above listed limited liability company at its last kr	nown address.
The agency is terminated	d and the office discontinued on the 31st day after the date on which the	nis statement is filed.
	MA (A.S.	
	Watesca Rivera (Oct 11, 2023 12:55 (-01)	
	Walescus Plyers (Oct 11, 2023 12:55 E01) Signature of Resigning Agent	
If signing on behalf of ar	Signature of Resigning Agent	
If signing on behalf of ar	Signature of Resigning Agent	017 202
If signing on behalf of ar	Signature of Resigning Agent	01 víšið. 2023 OC
If signing on behalf of ar	Signature of Resigning Agent n entity: Typed or Printed Name	OIVÍSIÐA OF 2023 OCT J
If signing on behalf of ar	Signature of Resigning Agent n entity:	OIVÎSIĞA ÖF CORPORATER 2023 OCT 18 PM12: 40

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