M04000004746

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Basiliasa Zilili) (Ilana)							
(Document Number)							
Certified Copies Certificates of Status							
Curried teasurations to Cities Officer							
Special Instructions to Filing Officer.							

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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporation	ns		
SHRI	IECT:	JUPITE	R WORLDW	IDE, LLC
.50100	LC1	Name of L	imited Liability	Company
DOC	UMENT NUMBER:	M	i	
The e for fil		egistered Agen	nt for a Limited	Liability Company and fee are submitted
Pleas	e return all correspondent	ce concerning t	his matter to th	ne following:
	Kaitie S	perry		
	Name of	Person	<u> </u>	
	Corporate	Direct, Inc.		
Name of Firm/Company 2248 Meridian Blvd, Ste H				
	Addr	ess		
Minden, NV 89423 City/State and Zip Code				
	info@corpora	tedirect.com		
E	E-mail address: (to be used for	future annual repo	ort notification)	
For fu	urther information concer	ning this matte	r, please call:	
	Kaitie Sperry		775	782-2201 Daytime Telephone Number
	Name of Person		Area Code	Daytime Telephone Number
liabil	esed is a check made paya ity company or \$25.00 fo ity company.	able to the Flor r an administra	ida Departmen tively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115	5, Florida Statutes, the	undersigned,		
•	Gerri Detweiler	, hereby re		resions as	
Registered Agent for U	PITER WORLDV	VIDE, LLC			_
	Name of Limi	ited Liability Company			_,
M04000	004746				
Document Nun	nber, if known				
A copy of this resignation	was mailed to the a	bove listed limited lia	bility company	at its last known address	i.
The agency is terminated	and the office discor	ntinued on the 31st da	y after the date	on which this statement	is filed.
	Acr	<u>Signature</u> of Resigning	Agent	8-29-17	
If signing on behalf of an	entity:			Z8 1	
	•	Gerri Detweiler		- SEP	-71
	Ty	yped or Printed Name		- Asia -	. F
	Reg	a agent.		- SEE, F	FILED
	~			STATE LORID	ED
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabi Administratively di withdrawn limited	issolved/ volur	ntarily dissolved/	

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