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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations

1.

SUBJECT: ORLANDO PREDATORS SP	ORTS GROU	JP, LLC	
Name of L	Limited Liability	Company	
DOCUMENT NUMBER:			
The enclosed Resignation of Registered Ages for filing.	nt for a Limited	l Liability Company and	fee are submitted
Please return all correspondence concerning to	this matter to th	ne following:	
Amber Frushon			
Name of Person		-	
National Corporate Research			
Name of Firm/Company		-	
850 New Burton Rd Suite 200			
Address		-	
Dover, DE 19904			TAIS SE
City/State and Zip Code		-	AUG CRETA
afrushon@nationalcorp.com			55 30 TARY MSSE
E-mail address: (to be used for future annual rep	ort notification)	-	pic M
For further information concerning this matter	er, please call:		D 18.17
Amber Frushon	866 at (621-3524 ext. 3017	SH 5
Name of Person	Area Code	Daytime Telephone Nur	nber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the undersi	gned,			
National Corporate Research	. 1	nereby resigns as			
Name of Registered Agen	t	, ,			
Registered Agent for ORLANDO PREDA	TORS SPORTS GROU	P, LLC			
					_
Name of Limi	ted Liability Company			····	_,
D					
Document Number, if known					
A copy of this resignation was mailed to the a	bove listed limited liability co	mpany at its last k	inown ad	ldress.	•
The agency is terminated and the office discor	ntinued on the 31st day after t	he date on which t	his state	ment i	s filed.
_ Epople	DAUGHUAY Y	Aay?			
If signing on behalf of an entity:	, and a g	V	SEO	5	
Brooke Daugherty-Hayes				AU)	-TI
Ty	yped or Printed Name			6 30	=
Assistant Secretary				0	
	Capacity			PH PH	
			CRIDA	01 :ZI	
FILING \$ 85.00	FEES:				
\$ 25.00	Active limited liability com Administratively dissolved withdrawn limited liability	voluntarily disso company	lved/		

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