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	Division of Corporations	
	Fax Number : (850)617-6383	ASS IF
From:		
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA00000023	
	Phone : (614)280-3338	5 ST 5
	Fax Number : (614)573-3996	5 -

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: <u>cls-agentresignations@wolterskluwer.com</u>

LLC REGISTERED AGENT RESIGNATION DANNY WIMMER PRESENTS, LLC

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______, hereby resigns as

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

Name of Registered Agent

Registered Agent for ______ DANNY WIMMER PRESENTS, LLC

Name of Limited Liability Company

M11000002468

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Nancy Helm-Brown

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Lyped or Printed Name

ASSISTANT SECRETARY

Capacity

FILING FEES:

85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/

withdrawn limited liability company

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

To:

INHS17 (2/14)