## HE00000003H

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
] PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
4/23 R/A Res.	
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Office Use Only



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HLM!

FILED

03 APR 23 AN 8: 56

SECKLIANT OF STATE

April 18, 2003

RE: SMART WORLD NETWORKS, LLC SOCCER MADNESS, LLC

(CT. DOM.) (DE. DOM)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, FL. 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are  $\underline{2}$  checks in the amount of  $\underline{\$25.00}$  each to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA: il enclosure

111 Eighth Avenue New York, ny 10011

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statute	es, the undersigned,
	hereby resigns as
(Name of Registered Agent)	
Registered Agent for SOCCER MADNESS, LLC	(DE. DOM.)
andrija i kan di serim da kamanan da saman da s Saman da saman da sa	- イ - (14 <u>:24:11)</u> - (15:41) - (17:11) **
(Name of Limited Liability Company)	
A copy of this resignation was mailed to the above listed limited liability co	
The agency is terminated and the office discontinued on the 31st day after is filed.	the date on which this statement
Theall_	
(Signature of resigning agent)	•
If signing on behalf of an entity:	
C T CORPORATION SYSTEM - THERESA (Typed or printed name)	ALFIERI
ASSISTANT SECRETARY (Capacity)	SECTION AT
FILING FEES: \$ 85.00 Active Limited Liability Co \$ 25.00 Dissolved Limited Liability	APR 23 AH 8: 56  CALIANT OF STATE LAHASSEE FLORIDA  Company Company

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

INHS17(10/99)