P96000092094

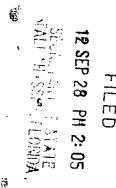
| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special instructions to Filing Officer: | | | | |
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09/28/12--01026--002 **507.50



W. W.

|SEP 2 8 2012 C. MUSTAIN



COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|------------|--|----------------------|--|
| SUBJ | ECT: | | |
| | | (Name of Corpora | tion) |
| DOC | UMENT NUMBER: P9600009 | 2094 | |
| The en | nclosed Resignation of Registered A | Agent for a Corpor | ration and fee are submitted for filing. |
| Please | return all correspondence concern | ing this matter to t | he following: |
| Joh | n Wendkos | | |
| | (Name of Person) | | - |
| <u>W.\</u> | V. VENTURES INC (Name of Firm/Company) | | - |
| 004 | | • | |
| 991 | l5 Adamo Drive Esa | at | |
| | (Address) | | _ |
| Tar | npa Fl 33619 | | |
| | (City/State and Zip Code |) | - |
| For fu | rther information concerning this m | atter, please call: | |
| Joh | n Wendkos | _{at (} 813 | 628.4444 & Daytime Telephone Number) |
| | (Name of Person) | (Area Code | & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617 . | 1509, | |
|--|-----------------------------|-------------|
| Florida Statutes, the undersigned, J. Scott Taylor | | |
| (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for W.V. VENTURES, INC. | | |
| (Name of Corporation) | 181 | _ |
| P96000092094 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to the above listed corporation at its last known | wn address | S. |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent) | on which | ST T |
| If signing on behalf of an entity: | | in. |
| J. SCOTT TAYLOR PA | 20807 21.4115 21.4115 | |
| (Typed or Printed Name) | | • |
| PRESIDENT | | |
| (Capacity) | | |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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