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(Re	equestor's Name)	
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## **COVER LETTER**

for

Tallahassee, Florida 32314

SUBJECT: (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submining.	tted
	itted
filing.	
Please return all correspondence concerning this matter to:	
Susan Jamieson (Contact Person)	
(Firm/Company)	
Mole americana CT NE.	
St. Rekrsburg 71 33702 (City/State and ZGCode)	
For further information concerning this matter, please call:	
Susan lesa at (DD) 743 0986 (Name of Contact Person) (Area Code & Daytime Telephone Number	<u>)</u> er)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: Chip Shot Entertainment LLC.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:  LOSOODO LOSO
4. I, Print Name of Person Resigning), hereby resign as a Managing Member (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)