L000000110000

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		18		

Office Use Only



500101172605

05/04/07--01023--023 **75.00

SECRETARY OF STATE

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations SUBJECT: Brampton Park Resorts of Macon, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Anilkumar Pillai (Contact Person) Brampton Park Resorts of Macon, LLC (Firm/Company) 2566 Riverside Drive Macon, Georgia 31204 (City/State and Zip Code) For further information concerning this matter, please call: at (478) 256 4171 (Area Code & Daytime Telephone Number) Anilkumar Pillai (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ampton Park Resor		
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida docu L060000	ument/registration number of	fthis limited liability con	npany is:
4. I, Sanjay P	atel	, hereby resign as a	Managing Member
of this limited lia resignation in wr	bility company and affirm the		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2007 M SECR TALLA

CR2E079 (5/06)