

836764

GREY HARRIS AND ROBINSON
Requestor's Name

Address
(850) 222-7717
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #) _____
2. _____ (Corporation Name) (Document #) 000002355370-4
-11/24/97-01063-009
3. _____ (Corporation Name) (Document #) *****87.50 *****87.50
4. _____ (Corporation Name) (Document #) _____

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA
Resis
38
11/24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 24 PM 3:15

RECEIVED
97 NOV 24 PM 12:28
DIVISION OF CORPORATIONS

Examiner's Initials


RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, WILBUR E. BREWSTER
(Name of registered agent)

hereby resigns as Registered Agent for FLORIDA GAMING CORPORATION
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation 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.


(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
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DIVISION OF CORPORATIONS
97 NOV 24 PM 3:15

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314