# F07000001159

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PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
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SECRETARY OF STATE

withdrawal

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### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Gottaplay Management, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: F07000001159			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
William D. Schmechel			
(Name of Person)			
Gottaplay Management, Inc.			
(Firm/Company)			
c/o 1000 Town Center, Suite 180			
(Address)			
Tacoma, Washington 98422-1194			
(City/State and Zip code)			
For further information concerning this matter, please call:			
William Schmechel at ( 253 ) 677-6333			
(Name of Person) (Area Code & Daytime Telephone Number)			

## **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **STREET ADDRESS:**

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

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Gottaplay Management, Inc.

(Name of Corporation)	
F0700001159	7 20
(Document Number of Corporation (if	rknown)  TALLAHASS
State of Nevada	29 ASS
(Incorporated Under Laws of	F.F.C.
This corporation is no longer transacting business or conducting afficulturarily surrenders its authority to transact business or conduct afficient	
This corporation revokes the authority of its registered agent in F ppoints the Department of State as its agent for service of process being it was authorized to transact business or conduct affairs in Florida.	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
1000 Town Center, Suite 180	
(Mailing Address)	
Tacoma, Washington 98422-1194	
(City/ State /Zip)  The corporation agrees to notify the Department of State in the future (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	e of any change in its mailing address.  20 (Date)
Michael Rocchetti (Typed or printed name of person signing)	Interim CEO (Title of person signing)

**FILING FEE \$35**