L0200001388D

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LAW OFFIGES BRIAN C. DEUSCHLE, CHARTERED

SUITE 400 SOO SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FLORIDA 33316

> TELEPHONE (954) 763-7200 TELECOPIER (954) 522-7728

January 30, 2003

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Resignation of Registered Agent:

Royal Casino Cruises, L.L.C., a Florida limited liability company

Our File No. 2302-02-2-01

Dear Sir or Madam:

You will find enclosed this firm's check in the amount of \$87.50 representing the filing fee for the Resignation of Brian C. Deuschle, Esquire as Registered Agent for the captioned limited liability company.

Please process this Resignation as soon as possible.

If there are any questions or problems regarding this matter, please do not hesitate to contact my office.

Sincerely,

BCD/kc Enclosure(s)

cc: Royal Casino Cruises, L.L.C.



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 7, 2003

BRIAN C. DEUSCHLE, CHARTERED 800 SOUTHEAST THIRD AVENUE SUITE 400 FT. LAUDERDALE, FL 33316

SUBJECT: ROYAL CASINO CRUISES, L.L.C.

Ref. Number: L02000013880

We have received your document for ROYAL CASINO CRUISES, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 903A00008553

Carol Mustain Document Specialist

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision: BRIAN C. DEUSCH		!) or 608.509	, Florida Sta		_			
(Name of Registered Agent)					hereby resigns as			
Registered Agent for	ROYAL CASINO	CRUISES,	L.L.C.,	a Florida	limited	<u>liabil</u> i	ty company	
\$,		
	(Name of Limi	ited Liability Co	ompany)				-	
	÷		-					
(Document Numb	er, if known)		•					
A copy of this resignation The agency is terminated	and the office discon	•		,			filed.	
If signing on behalf of an	entity:					ALCAN	}	
	(T	yped or Printed	Name)		- i	TARY ASSR		
		(Capacity)			e, FLORIDE	PH 2: 46	Ë	

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

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company