

# LO2000032960

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

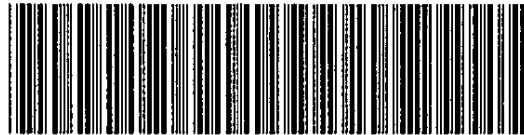
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

At Gulligan JUL 25 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sports Revenue & Enterprises, L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000032960

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Stallings  
Name of Person

Registered Agents Legal Services, LLC  
Name of Firm/Company

1220 N. Market Street, Suite 806  
Address

Wilmington, DE 19801  
City/State and Zip Code

info@inclegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Stallings at ( 800 ) 400-6650  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### 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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Registered Agents Legal Services, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Sports Revenue & Enterprises, L.L.C.

Name of Limited Liability Company

L02000032960

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Denise Fowler

Signature of Resigning Agent

If signing on behalf of an entity:

Denise Fowler

Typed or Printed Name

Authorized Person

Capacity

FILED  
12 JUL 24 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314