

**L03000005724**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

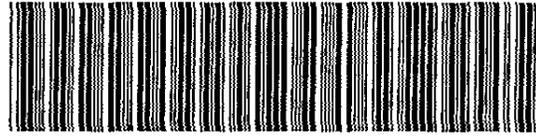
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RPLS 2-9-04  
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LAW OFFICES  
**PHILIP K. CALANDRINO**  
PROFESSIONAL ASSOCIATION  
29 EAST PINE STREET  
ORLANDO, FLORIDA 32801

TELEPHONE (407) 841-7280 FACSIMILE (407) 841-7282

E-MAIL: [info@floridabusinesslaw.com](mailto:info@floridabusinesslaw.com)

February 4, 2004

Florida Department of State  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: The Swimsuit Company, LLC  
Forbidden Swimwear, LLC  
Atlantic Trading, LLC  
Mandarin Trading, LLC  
Legacy, LLC  
Legendz Gaming, LLC  
Tallen Entertainment, LLC  
Century Furniture, LLC  
Legacy Hospitality Furniture, LLC  
Legacy Office Products, LLC;

Dear Sir or Madam:

Please file the enclosed Resignation of Registered Agent forms for the above-referenced companies.

If anything additional is necessary, please contact the office.

Thank you.

Very truly yours,



Amy M. Guy  
Legal Secretary

Enclosures: Transmittal Letters  
Resignation of Registered Agent Forms  
Checks: 5260-5263; 5245-5251

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEGENDZ GAMING, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L03000005724

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:

PHILIP K. CALANDRINO, ESQUIRE  
(Name of Person)

PHILIP K. CALANDRINO, P.A.  
(Name of Firm/Company)

29 EAST PINE STREET  
(Address)

ORLANDO, FLORIDA 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP K. CALANDRINO at ( 407 ) 841-7280  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

# 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,

PHILIP K. CALANDRINO, P.A., hereby resigns as  
(Name of Registered Agent)

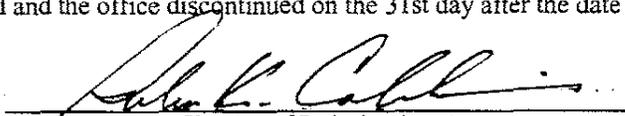
Registered Agent for LEGENDZ GAMING, LLC  
(Name of Limited Liability Company)

L03000005724  
(Document Number, if known)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

PHILIP K. CALANDRINO, P.A.  
(Typed or Printed Name)  
PRESIDENT/DIRECTOR  
(Capacity)

**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