

L03000005724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700028143367

02/06/04--01076--017 **85.00

FILED
04 FEB -6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L03000005724
2-9-04
2-9-04
2-9-04

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

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;

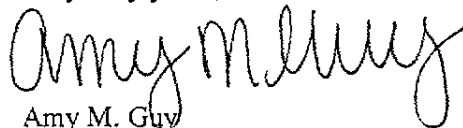
Dear Sir or Madam:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.

(Name of Registered Agent)

Registered Agent for LEGENDZ GAMING, LLC

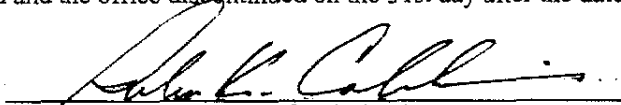
(Name of Limited Liability Company)

L03000005724

(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.


(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

FILED
04 FEB -6 PM 2:58
CLERK OF STATE
TALLAHASSEE, FLORIDA